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AUTHOR	Gottlieb, Jay; Alter, Mark
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ABSTRACT

This review of the literature focused on the issue of classroom application of social skills training for handicapped children. First, ten theoretical models are described as representative of the approaches to social skills training in special education: behavioral, humanist, psychological, transactional, neuropsychological, ecological, psychoanalytic, sociological, cognitive-developmental, and social learning. Next, in a representative sampling of 95 social skills curricula, only 21 appeared to have any theoretical curriculum model guiding their development; the majority of these derived from a behavioral orientation. Finally, 81 research studies are reviewed as representative of the diversity of research that aims to improve handicapped children's social skills. Of these, less than half were conducted in a classroom context, and the majority of these in special classes. Four areas were identified as encompassing social skills training in the selection of these studies: (1) disruptive behavior; (2) social interacting; (3) activities of daily living; and (4) personal functioning. It is recommended that social skills research use a curriculum as its base; that it incorporate a linkage phase where the classroom teacher works with the researcher to improve children's social skills; and that it include a seminal stage in which the teacher implements the program without assistance. (JW)

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SOCIAL SKILLS RESEARCH INTEGRATION

Final Report

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Jay Gottlieb and Mark Alter

New York University

1032 Shimkin Hall

New York, NY 10003

212-598-2981

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Social Skills Research Integration Report

The narrative is the final report of a grant entitled "Social Skills Research Integration" funded to New York University. The purpose of the research organization was to review three bodies of literature and integrate them in order to determine the state of our knowledge regarding social skills of handicapped children, and techniques that are known to improve the deficits that might exist.The research proposal identified a number of research studies that focused on social skills training of handicapped children. Our primary purpose now is neither to reproduce this body of literature, enlarge it, or even update it. Rather, we aim to identify a representative sampling of research studies (approximately 80 studies) and indicate whether in our view the research literature and its application in terms of curriculum is helpful to the teacher who aims to concentrate on social skills training in the classroom. Our major emphasis here is not only on being able to identify factors that could improve the social skill deficits that might exist but on being able to do so in the context of a classroom which is being led by a teacher as opposed to a researcher or other outside consultant. The entire focus of this report is to indicate aspects of the available literature and overall knowledge base that may be helpful to the teacher in a typical classroom situation.

We begin our review by delimiting the major parameters of what we consider to be useful information to the classroom teacher. This information was generated by briefly interviewing six special education teachers (of self-contained classes) and asking them the kinds of information that they would find most useful were they to develop a new lesson. In his own way, each teacher indicated that a curriculum and materials would have to be available if he were going to employ the lessons in class. Consequently, the major slant of our review focuses on techniques to improve handicapped children's social skills in the context of the classroom. Research that was conducted outside the classroom, that is, with children pulled out for training in social skills, was indicated as such.

Because we are placing such a high premium on the availability of curriculum we begin our report with a table in which the major elements of social skills curricula are highlighted. Beginning on page 11,we identify 10 different curriculum models, as opposed to specific curricula, and for each indicates: (1) the purpose of the model; (2) definitions of social competence; (3) definitions of social incompetence; (4) goals in social skills training; (5) implications for curriculum development; (6) general approaches to intervention; (7) general advantages of the model; and (8) general disadvantages of the model.

After presenting an overview to the general approaches to curriculum models, Table 1 lists 95 social skills curricula that we identified. Because of an absence of generally agreed upon definition of social skills, we chose a broad range of behavior to represent social skills training. Although this list is not exhaustive, it is sufficiently representative that it affords the reader an excellent overview of the available curricula in the field. Our breakdown of information on this table begins with a statement as to which curriculum model guided the development of the curriculum. As will be noted, only 21 of the 95 curricula appeared to us to have any theoretical curriculum model that guided its development. Of the 21 that did, the majority, but certainly not all, derived from a behavioral orientation. The three columns of this table present for each curriculum the components addressed, the specific competencies taught, and the organization of the curriculum. The final column indicates the handicapping condition for which the model was developed and the general chronological age level(s) of the children for whom it was intended. Table 1a and 1b are companion tables to Table 1 and sort the available curricula both by handicapping condition (in Table 1a) and by age (in Table 1b). Columns 3 and 4 of Table 1, Components Address and Specific Competencies taught, provide an overview of the sampling of behaviors that various authors use when developing curricula for handicapped children.

Table 2, Representative Research, is the second major table that comprises this report.

Here 81 research studies are reviewed as representative of research that aims to improve handicapped children's social skills. In line with our overriding concern with classroom application, the reader will note that slightly less than half of the reported studies were conducted within a classroom context, and the majority of these were conducted in special classes. The next largest number of studies were done in preschool classes. Relatively few of these studies were conducted in regular classrooms.

Status of Social Skills Research

For purposes of this report and to provide us with a sampling of research that has been conducted we randomly selected 80 research studies that attempted to improve children's social skills deficits. The vast majority of research that was targeted attempted to improve the skills of children who had already been identified as handicapped. Some of the research we selected focused on non-handicapped children who required social skills training such as isolate children, and children who were hyperactive. We made no attempt to deliberately obtain research that focused on a particular age level. We were mainly interested in obtaining a representative sampling of social skills research.

An immediate decision had to be made with regard to the definition of social skills research. In he absence of a theoretical model to guide us, we chose the following four areas as encompassing social skills training; (a) disruptive behavior; (b) social interacting; (c) activities for daily living (e.g., feeding, dressing, etc.) and; (d) personal functioning (e.g. reduction in self-stimulating behavior, etc.).

As we indicated before, we treated the classroom and curriculum as the core elements of social skills training. That is, if large numbers of handicapped children who require social skills training are going to receive that training, it will in all likelihood be done in the context of the classoom by the classroom teacher using a curriculum guide. It will not likely be done by outside consultants, guidance counselors, school psychologists and the like, at least not in numbers that could make a dent in the overall problem. Stated differently, in reviewing the literature on social skills research, we were interested in studies that employed a curriculum and that were conducted in the context of a classroom.

With respect to the nature of handicapping conditions that were treated to social skills training, children classified as mentally retarded were the most often studied. 39.7% of the research employed mentally retarded children as subjects. Approximately 60% of these studies employed mildly mentally retarded children as subjects and 40% employed severely and/or profoundly retarded children. The next most frequently studied group of handicapped were those classified as emotionally handicapped. 35.9% of of the studies focused on this group. The combination of retarded and emotionally handicapped children accounted for approximately three-fourths of the research on social skills training as we defined it.

Our next point of interest was in the setting in which the research was conducted. As we indicated earlier our primary intent was to identify research studies that were conducted in a classroom context, either special class or regular class. We wanted to differentiate studies that pulled children out of class to participate in the research, or that were done in residential or other (e.g. camp) settings. 41.1% of our representative sample of research studies was conducted within school-based classrooms. Of these, 24.4% were conducted in self-contained classrooms and 16.7% in regular classes. The few studies of social skills training in regular classes are deceptive insofar as the majority of these (8 of 13) were conducted with nonhandicapped youngsters, that is, children who were socially isolated but not designated as special education students. Thus, overall, the social skills literature suggests few studies geared to improving handicapped children's social skills in the regular classrooms. To the extent that handicapped children require social skills training and belong in the least restrictive environment, few attempts to balance the combination of requirements have been tried.

At this point we turn to a more detailed accounting of the role of curriculum in social skills training. The reader will recall that our emphasis in this report is on the pivotal role of curriculum methods in social skills training.

INTRODUCTION

Over the past ten years there has been a significant amount of litgation and legislation in special education. This action has resulted in the mandate for the involvement of professionals and parents of children with handicapping conditions to view education as nothing more or less than the systematic transmission of the attributes of a culture. Those attributes can be further described as the necessary skills, attitudes, and knowledge which permit a child to function as independently as possible within the context of that culture. One of the major problems facing special education today is determining which attributes, skills, and knowledge should be selected to prepare a child for their future in society. This is due, in part, to the fact that it has become virtually impossible to predict what society will require of the 'special education' student in the future. The task of the special educator is extraordinarily acute. Pedagogical decisions have to be made regarding what and how to teach a special education student. In addition, instructional decisions have to be made regarding implementing the program in the least restrictive environment, as well as the type and extent of related services (e.g., speech therapy, physical therapy) needed by the student.

Somehow, special education teachers and professionals from related disciplines are expected to identify, select, organize, and implement an instructional program for handicapped children and youth in such a way that what the student learns and the conditions under which the learning takes place coalesce into a viable educational program.

This individualized program is supposed to provide the skills and knowledge that will enable the student to function, as independently as possible, within the society. The purpose of this review is to look at the ways theory and research can impact program development.

The rationale for focusing on curriculum is that a curriculum often guides or comprises an educational program and consequently provides the parameters for instruction. A curriculum provides a teacher with the means for achieving a match between teaching method, content and a student's learning characteristics.

Since the enactment of Public Law 94-142 social skills training has been suggested as a necessary precondition for successful mainstreaming of handicapped children (Gresham, 1981). Nowhere, however is the lack of an empirical basis for instructional programming more striking than in the area of social skills training (Gottlieb and Alter, 1983). There appear to be five reasons for the social skills programming dilemma. First, is the 'uncertainty' regarding mainstreaming. Despite the ambiguity that traditional mainstreaming neither benefits handicapped children academically, nor socially in comparison with self-contained classes (Gottlieb, 1981), there still exists a critical lack of information regarding the characteristics of the classrooms that students should be mainstreamed into. Second, is that the social skills literature suggests few studies for improving handicapped children's social skills in the regular classrooms. To the extent that handicapped children require social skills training and belong in the least restrictive environment, few attempts to balance the combination of requirements have been tried (Gottlieb, 1984).

Third, not only are social skills goals unclear, but theoretical frameworks for viewing children with handicapping conditions are many and varied. The welter of terminology and differing emphases in dealing with handicapped children often make it difficult to use the literature to gain any aid in the development of meaningful programs. The fourth reason assumes that even when a focus is defined, the approaches to be used are vast, and decisions about methodology become as difficult as decisions about goals; no one specific frame of reference can yield complete comprehension of all aspects of the child, his behavior, the school, and the society. The final obstacle to social skills programming is the need for educators to be able to develop, implement and evaluate individualized educational programs despite 1) the shortage of personnel competent to plan and implement complex, comprehensive structural contents 2) rudimentary knowledge of the nature of facilities and technologies supporting and refinforcing educational procedures; and 3) the absence of one specific frame of reference that can yield a complete comprehension of all aspects of the child, the child's behavior, the school, family, and the society.

To provide special educators with a handle to respond to the social skills training of students, the following is an update with regard to the status of social skills curriculum. This is followed by a presentation of ten representative theoretical models describing social behavior that have been used to design social skills curricula.

PERSPECTIVE ON SOCIAL SKILLS CURRICULUM IN SPECIAL EDUCATION

There are no easy solutions to achieving a quality in instructional programming. Goldstein (1974) suggests that one approach towards a solution is to provide teachers with a systematically organized, explicitv stated sequence of learnings along with correlated methods of instruction. This solution, commonly referred to as curriculum, would provide a common frame of reference within which teachers can: 1) ascertain the teaching objectives required by their students; 2) implement the teaching along relevant lines; 3)assess the effectiveness of substantive and methodological decisions and make alterations as indicated; and, 4) effectively communicate their program to their colleagues and parents of their students.

There appear to be two contrasting if not conflicting sets of attitudes and expectations regarding social skills curriculum in special education. One, the static view, assumes that handicapped persons are not likely to acquire certain skills and proficiences important to socio-personal independence, consequently emphasis must be placed on what the student can do and/or what will facilitate the management of the person. This view of curriculum is often adopted for severely handicapped persons where the curriculum content is limited to self-care and management in personal and social situations under the assumption that the severely handicapped will always require close and complete supervision.

A second view of special education social skills curriculum takes a dynamic approach. This view assumes that all students, regardless of degree of handicap are entitled to an educational program to prepare them with the skills, attitudes, and knowledge to be functional members of the society in the present and the future. Advocates of the dynamic perspective recognize the status of the student as a member of a social institution, in this case, education, and therefore his or her rights to interventions are within the context of the goals of education.

Applying the dynamic approach to curriculum for the severely handicapped learning, for example, self-care and management skills are seen as a means towards the end of more complex development and, as a high degree of independence as the individual can attain.

A recent review of social skills curricula and research (Gottlieb and Alter, 1984) suggests a static approach to programming. Many of the available curricula follow the traditional academic format and make little effort to define an area of social skills intervention. Numerous curricula simply teach the skills necessary to perform a particular task (e.g., auto mechanics) in sequenced and highly simplified steps, however, socially required behaviors, for example, employee-employer relations, were not taught and often left to the student to acquire. What the review indicated was that many curricula ignore that social behaviors are not isolated behaviors that can be performed without a supporting repertoire of other skills and appropriate motivation.

A dominant characteristic of social skills curricula in special education is the emphasis on teaching the "useful" things needed for daily living (e.g., street crossing, personal hygiene). This curriculum approach tends to place great emphasis on time schedules, lesson plans, and age-specific goals. Often, there appears to be more concern with shaping the individual to fit a preconceived notion of his niche in society than with enabling the individual to develop to the full extent of his own capabilities. Furthermore, instruction in discrete skills precludes teaching children complete sets of social reactions or the ability to decide when it is appropriate to use a particular skill. That is, if a child must wait for a verbal command before completing a task although he has gained some skill, it is considered a lesser skill than if the task is self initiated and completed. Teaching discrete skills also narrows the probability of generalization and transfer. If we assume that handicapped people cannot generalize or transfer learning, and proceed to teach them in ways that avoid making such demands, then we are insuring that they do not develop such skills.

Although educational programs cannot possibly hope to provide instruction in every life situation that an individual will experience, the teacher must structure learning to optimize the students' acquisition of a social repertoire needed to at least perceive. judge and select the factors in a situation that determines the appropriate behavior. To this end, a teacher has two interrelated tasks. First, to identify and select curricula, and second, to modify and adapt the curricula to the student.

The first task includes an understanding of the theoretical underpinnings of the curriculum whereas the second task builds on the first and requires the teacher to implement the curriculum based on the individual needs of the student and the class. To provide educators with a guide to both of their instructional tasks the following section begins with a presentation of ten theoretical models which have been used to develop social skills curricula. The major characteristics defining the model are presented for each model. The way each model defines social competence and social incompetence is also presented. Particular emphasis is placed on the models curriculum goals (the basis of a student's goals and objectives), the structuring of the curriculum and its content, and finally, the type of teacher-student relationship assumed by the model.

THEORETICAL MODELS

The ten theoretical models presented in this section are representative of the approaches to social skills training in special education. The models have often been used as ideological frameworks for curriculum.

The ten models are: 1) Behavioral, 2) Humanist 3) Psychological, 4) Transactional, 5) Neuropsychological, 6) Ecological, 7) Psychoanalytic, 8) Sociological. 9) Cognitive-Developmental; and 10) Social Learning. Each model looks at human behavior and basically arrive at similar conclusions about the end product of their respective programming.

However, the models differ in focus, and variation. Their pedagogical applications show wide diversity as well. The following section identifies each model and indicates: (1) the nuclear characteristics of the model; (2) the models definition of social competence; and (3) the models definition of social incompetence. The information regarding each model was culled from literature, and a bibliography is presented at the end of the chapter.

BEHAVIORAL MODEL

Characteristics

-Behaviors are learned responses to stimuli.

-Determinants of behavior lie in environmental forces, not within the individual.

-Primary concern is with changing observable behavior through conditioning and modeling.

Social Competence

-The ability to emit behavior with positive or negative consequences and to inhibit or extinguish those punished by others

-The ability to emit behaviors which maximize the probability of producing, maintaining and enhancing the positive effects of the interactor

-The degree of the child's acceptance by his/her peer group

-The ability to learn by observation and to generalize behavior to functionally equivalent environments

Social Incompetence

-Major contributor to incompetence is the environment.

-Behaviors which are deficient in duration, intensity and/or frequency

-Behaviors which have undesirable effects for the interactor.

-Socially inept children are not qualitatively different from normal children. They have learned to behave that way from reinforcers in their environment.

HUMANIST MODEL

Characteristics

-Primary concern of education is the internal life of a person, the affective domain, nurturing the emotional health and the psychological well-being of the student is:

-Education should concern itself with the questions: Who am I and what is man?

-Behavior is a symptom of a person's perception of his/her self and of the world

Social Competence

-An individual who has self-understanding, good citizenship, responsibility, emotional well-being and adaptibility to change

-A concern for the human race in general and for the individual in particular

-Can pursue far-reaching goals without losing interest or concern for others and with the ability to love

Social Incompetence

-Often due to inflexible, authoritarian, non-individual-oriented, emotionally and creatively stifling school system.
-Failure to conform to social rules.

-Labeling is a form of social and political control; calling a child socially incompetent is an unjustifiable infringement on his/her personal and legal rights and is a value judgement imposed by the dominant culture
-Someone who is unable to demonstrate concern for others and to act responsibly for others

PSYCHOLOGICAL MODEL

Characteristics

-Process of learning should be a humanized sequence of challenges and responses through which children can find satisfaction in the progressive development of life skills
-Basic function of education is to provide planned learning situations which stimulate two major areas of personal development: constructive expressive of affect and integration of fact and feeling

-Curriculum must have relevance and meaning in terms of real life experience; must prepare child for positive social action
-Education must go beyond cognitive skills and knowledge and into facets of self-understanding and relations with others

Social Competence

-Necessary precondition to exercise and freedom

-One's capacity to flexibly and realistically direct and regulate one's personal action and behavior in a given situation

--The individual's capacity to maintain free control over the environment

Social Incompetence

-Problems in learning successful coping skills

-Child socialized to impose failure on self due to deprivation of approval

-Child who struggles unsuccessfully to reduce the anxiety and fear connected with perceived weakness

-Due to limitation in skills on part of either the child or the educational system

-Exhibits behavior which violates the rights of others or abstructs fulfillment of the perpetrator's own positive goals

TRANSACTIONAL MODEL

Characteristics

-Socialization of the handicapped can be approached only with the consideration of developmental as well as social theory

-Socialization is defined within a social context, specifying sociological and situational variables, while measurement of socialization involves a psychological context, specifying individual differences

-Personological constructs provide better predictive explanations of social performance, although situational variables do not affect performance

Social Competence

-Portion of an individual's perceived effectiveness in interpersonal situations and social roles which are attributable to qualities of temperament, character, and social awareness

-Ability to manipulate others' responses; including components of sensitivity, insight and communication

-Ability to "make it" as an economically and socially self-sufficient adult

-Measured by acceptance by peers and other people in the environment

-Subset of personal competence: involved in all three components of personal competence, i.e., phyical, intellectual, emotional

Social Incompetence

-An individual who is unskilled in performing behaviors which are likely to result in the achievement of esteem in the culture

-Rejected by peers if behavior is to such a degree as to place the individual in the lowest proportion of the population

-Lacks insensitivity to interpersonal cues

NEUROPSYCHOLOGICAL MODEL

Characteristics

-Behavior can in some part be attributed to physiological causes; sometimes as a primary causative force, sometimes as a contributory force

-Learning is a biological phenomena; abilities to use language, read, write, spell, are learned phenomena that result from biochemical functions within the nervous system; central nervous system is the primary mediator of learning ability

-Performance of specific intellectual tasks and acquisition of specific academic skills is dependent on the integrity of that part of the brain which subserves that process

-Learning disorders are conglomerates of complex learnings and behavioral disturbances, sometimes linked to functional disorders of the central nervous system; but there is no one-to-one relationship between a child's neurological status and behavior

-Neurological immaturity and dysfunction can contribute to learning difficulties.

Child's nervous system does not passively reflect the outside world but actively integrates stimuli; experiences do change both physical structure and functioning patterns of the brain

Learning disability is a manifestation of affected mental development due to social and nutritional factors

Social Competence

-Unimpaired functioning nervous system; any specific behavior is the result of sequences of actions in groups of brain cells temporarily acting together

Social Incompetence

-Problems may be due to wide range of social, psychological, emotional, educational problems, brain damage from genetic differences, maturational lags, chemical imbalances, brain injuries, or general or specific reduced functioning based on normal variations in various sensory learning modalities. Dysfunction in one area can disturb learning functions in one or more modalities without affecting others

-Social or mental immaturity due to a maturational lag

-Neurological abnormalities may influence the ability to understand spoken language differing in tone and quality; may affect orientation, verbal logic, other operational factors influencing interactions

-Dysfunction in inhibiting influences of reticular formation may result in hyperactivity and distractibility; failure in selection mechanisms

-Frontal lobes of brain play central role in organization of conscious control of behavior; profound breakdown in severe lesions can cause social disorganization

-Behavioral correlates of minimal brain dysfunction - hyperactivity, impulsivity, distractibility, low frustration tolerance, perceptual (conceptual) difficulties

ECOLOGICAL MODEL

Characteristics

-Behavior is part of the interaction between the internal forces that motivate an individual and the circumstances of a setting

-Ecological sociologists - concerned with the impact of social groups and institutions in the behavior of the individual

-Medical ecologists - concerned with genetically determined temperament and the analysis of the interplay between distinctive individual personalities and the environment

-Psychodynamically oriented family interactionists - (Vogel and Vell, 1960; Ackerman, 1970) concerned with psycholanalytic interpretation of the individual personality and interactions between members of the family

-Anthropologists - appropriate behavior is culturally relative

Social Competence

-Congruence between the individual's characteristics and the environment

Social Incompetence

-Misfit between the behavior of the individual and the dominant mores of the society

-Either the individual or the environment, or both, can contribute to deviant behavior

-Sociological - problem lies in the environment, e.g., poor social conditions, prescribed roles for particular groups

-Ethologists - environmental conditions elicit deviant behavior

-Anthropologists - deviance lies in the environment and is culturally relative

-Medical - lack of acceptance of particular temperament in society

-Family Interactionists - Child as focus of problem. Due to poor parental attitudes and faulty communication systems

PSYCHOANALYTIC MODEL

Characteristics

-Seeks to understand human behavior through analyses of internal processes, mental and physical activities ultimately the result of unconscious impulses

-Progressive development through psychological stages at each level of personality development is based on social factors progress through them is highly individualized

-Motivational drives are derived from basic siological predisposition of human orgasm

-Development of self-esteem is a precipitate of infantile relations and early "oral" identifcations

-Positive balance of transactional processes between parent and child lead child from one critical period to another, negative balance maintains ambivalent course of transactions results in failure of development and dissolution of Oedipus complex

Social Competence

-Healthy dynamics

-Manifestation of successful integration

Social Incompetence

-Symptomatic of underlying disturbances; due to trauma in developmental stage, either inadequate parent-child relationship leaving child unfulfilled or constitutional factor

-Lack of balance between impulse system and control

-Dependence of child on parents; fear of loss of love and concomitant anxiety

-Personality distortion due to need to accomodate some degree of antisocial tendency - always arises from deprivation and the attempt to get back to the time before when all was well

-From psycho-neurotic (hidden illness as a matter of conflict in the individual's personal unconsciousness) to psychotic (hidden illness in ego structure)

SOCIOLOGICAL MODEL

Characteristics

Schools

-Schools are a mirror of dominant societal values - primary function is to socialize young and perpetuate values

-Interdependency of educational and social reform is strong and must be accommodated in strategies of people concerned with change

Personality

-Environment is the primary motivational force governing behavior

-Internal psychological drives may influence behavior but only as they interact with the environment

-Personality is a result of one's degree of success in reactions with individuals and agencies of society; most behavior is learned through institutions

-Approaches deviance through deficit or difference models; members of non-dominant subcultures experience less success because their experiences are different from those of the dominant culture so they are at a disadvantage in competition

-Mental retardation should be approached from a social system rather than, clinical point of view

Social Competence

-Individual integrated into a group by having learned the group culture and the individual's role in that group

Social Incompetence

-Nonconformity to social norms

-Defined from the point of view of a particular normative structure; relative to norms of subgroup. Incompetence due to:

-frustration when needs can't be met by society

-breakdown in social interaction pattern in a community

-deviance transmitted as learned behavior within individual's subgroup

-Individual rejects society's goals and means

COGNITIVE-DEVELOPMENTAL

Characteristics

Thought is based on action.

-child's own actions play central role in developing intellectual functions; development comes through interaction

-repetition and generalization depend on condition that child make discoveries for him/herself: active, not passive learning

Mind is an active ingredient.

-exhibits tendency to apply whatever ability it has to ever wide content; organizes stimuli into schema through assimilation and accomodation

-act of discovery is dynamic force leading to new applications; striving toward equilibrium, when assimilation and accomodation balance, is dynamic force behind learning

-motivation is intrinsic

Cognitive development is sequential

-global characteristics can be split into specific subgroups - differentiation

-characteristics can be grouped in subordinant, coordinant and superordinant categories, the mergence of some depending on others - hierarchization

-intelligence is composed of schema which develop in stages

-individual variation is in rate and scope of development, not in sequence

stages: sensori-motor
pre-operational
concrete operations
formal

-Meaning of instruction is enhanced through reference to the wider environment; learning is in relation to culture, values and daily experience

Social Competence

-Development of successful decentration, i.e., an ability to focus on whole gestalt rather than on specific part or attributes, to perceive relationships, to take flexible and adaptible points of view, to be less egocentric

-Successfully assimilate and categorize different social response, setting, and to generalize appropriate behavior for each to analagous situations

Social Incompetence

SOCIAL LEARNING CURRICULUM MODEL

Characteristics

-Education is a part of living, not preparation for life; must account for social, psychological and physical factor's in child's growth and development

-Reasoning becomes productive, and strategies effective, to the extent that the learner is involved in meaningful situations

-All learning must be organized toward the attainment of a generalized social goal

-Knowledge and behaviors manifest at maturity and have roots in the individual's total social-psychological experience

-Problem solving learning evolves through confrontation and perception of problems, analysis and examination of elements of the problem for identification and relationships, and reassemblance of parts of the problem with a better understanding as a basis for action

Social Competence

-Ability to think critically and act independently;

-That is, the ability to make judgements, comparisons, commitments in a way that leads to the least possible conflict with the environment while providing the individual satisfaction, co-existing with a self-concept that allows an individual to pit him/herself against a critical, evaluating world and to accept decisions about his/her perfomance with sufficient equanimity to do it again

Social Incompetence

Due to:

-Lack of exposure to modal kinds of learning, exposure to inappropriate learning, misperceived or distorted learnings by children

-Negative adult behaviors are the result of the individual's experience in which these behaviors have been reinforced and integrated as need-fulfilling mechanisms

-Occupationally immobilized individual

From Theoretical Models to Apllied Activities: Issues in developing Social Skills Curricula

The importance of social learning and social competence has been given considerable attention as evidenced in the description of the theoretical models. However, despite the availability of the models there still exists the task of applying the model to the design and implementation of a curriculum. There are at least six major problems that need to be addressed. The problems have been grouped by Alter and Goldstein (1982) into an instructional paradigm which attempts to simplify and reduce the complexities of an instructional system into manageable proportions. The components of the paradigm include first the teacher who is the primary professional responsible for maintaining the teacher-learning process in the classroom. Second, is the content of the instruction, the skills, attitudes and knowledge of the student which includes the individual's motivation to learn, as well as background knowledge and experience that the individual brings to the situation.

*Third component. The fourth component of the paradigm reflects the strategies and tactics used by the teacher to guide the student's learning process. The fifth and sixth components of the instructional system are the environmental conditions in which instruction takes place and the time relevant dimensions of the instructional process that includes the scheduling and pacing of activities. The interaction of the six components combine to form the basis of an individualized instructional program.

The problem, however, is that the existing programmatic literature, which is equivocal at best, cannot be relied upon to supply the empirical basis for decision making regarding both the development and the implementation of student specific instructional programs. Although there are numerous programs that have been developed for specific groups of handicapped students, individualized instructional programs must be developed based on a relationship between student, teacher, and the environment. Without recognizing the student's existing preferences, behavioral probabilities and limitations as the seeds for program development, any educational objectives will likely miss their target (Guess and Siegel - Causey, 1985).

One approach that can provide educators with a frame of reference for individualized instructional decision making is an understanding of how the application of knowledge of human behavior can be applied to curriculum.

*** The third component involves the particular constellation of abilities and interests inherent in the child.**

Since education is not limited to the usual academic and socio-cultural objectives, teachers have to develop more activities and more variation of activities to insure the students' acquisition of specific skills. Further, education also includes any intervention that leads to new and/or improved abilities. Consequently, curricula will need to be modified and/or adapted with regard to goals, objectives, materials and methods of instruction. A basis for the alteration of a curriculum is the theory underlying the curriculum. It is the theory which can guide the selection of the curriculum's objectives, activities, and instructional procedures.

The impact of a teacher's use of theory to alter a curriculum has a significant effect on the development and implementation of an instructional program. For example, Frostig and Maslow (1973) showed how different theories can affect such program areas as individualization, motivation, curricular objectives, and classroom management.

Individualization refers to the teacher's recognition, identification, selection and programming of the individual qualities of the student. If a teacher selects a cognitive/developmental orientation for individualization, then curriculum adaptation involves tasks related to the child's developmental stage and previous experiences. However, if the teacher has a behavioral orientation, then the individualization is the task assignment as well as the individualization of rewards.

Motivation is the idosyncratic interests and needs of the student that increase the probability of a student acquiring skills to participate in the learning situation.

A behavioral interpretation of motivation would lead the teacher to assume that the child's interests and needs are not accepted as "given"; they are to be changed and manipulated. A reward system motivates the child with motivation being extrinsically controlled. A cognitive/developmental perspective of motivation posits that motivation is intrinsic. A child's interests are the expression of a "drive" toward equilibrium. Knowing is a motive itself. The need for equilibrium is as compelling as physiological needs.

Similiar to individualization and motivation, theory affects curricular objective and **classroom management**. The latter includes the type(s) of methods, and procedures the teacher utilizes to manage student learning. This can range from a teacher-centered approach to a child-centered approach. The teacher-centered approach requires the teacher to prescribe curriculum and classroom procedures. Social relationships are not emphasized as goals but utilized as means. In a child-centered approach, the teacher assists the child and guides the child in his learning. The teacher does not direct the child's learning. The classroom environment permits and fosters self direction. The major difference between the two approaches is the role of the teacher and degree of involvement in managing learning.1

Curricula objectives refers to the source, type, sequencing and the implementation of instructional content. The curricula objectives are the backbone for an individualized educational program. Specifically, long-term and short-term objectives are generated by the teacher based on a curriculum's objectives, scope and sequence. A behavioral orientation to curriculum objectives would focus on academic knowledge and skills and on socially defined personal and social behaviors.

A cognitive-developmental approach would generate objectives based on a child's total development: sensory-motor, language, and cognitive. Social interaction serves as a tool to develop decentration, intelligence, and logical thought.

Given the importance of social skill training, the need for teachers to be able to develop individualized programs, and the impact a theory can have on program development are crucial. Table presents the effect each of the ten theoretical models can have on curriculum. Specifically, for each model four types of information are provided; social skills goals, content of the curriculum, organization of instructional content, and finally, a description of the students for whom the curriculum is designed.

The application of a theoretic model to the development of social skills curriculum has several noteworthy features. First, each model utilizes what is known about learning and behavioral characteristics of children. This information is based on extrapolations of developmental data on nonhandicapped children and research findings about different groups of handicapped children. The process of extrapolation presents a problem. The information is limited by what is known about nonhandicapped children, consequently, there are gaps of unknown areas and possible inadequate and/or inappropriate conclusions. Second, since each theory is tenable, it tends to insure internal consistency. When curriculum content and material do not work, the theory limits the range of adaptation and modification of the curriculums. Finally, each theory provides a logical and orderly approach to the development of simple and complex ideas. Based on the theory, it is possible to interrelate student content correlate concepts across programming areas.

The process requires a teacher who is knowledgeable in the theory since it is often difficult to determine the programmable properties of a theory's concepts.

The question in the social skills training area is not which program will work, but which program will be most effective for a particular child? The most complex task facing teachers is answering this question. The increasing convergence between researchers who are attempting to describe the learning styles and teaching procedures that are effective with handicapped children and classroom teachers who are implementing programs are providing some insight into the answer. Until a definitive answer is provided, teachers still must develop and implement individualized instructional programs without a clearcut direction. A theoretical model is the most concrete basis for the teacher to build a program. To this point, we have presented the perspectives of ten theoreticals with regard to definition of social competence and incompetence, and the effects each approach has on curriculum.

At this point we introduce the first of two major tables that comprise the bulk of the remainder of this review. The table identifies a respresentative sampling of 95 social skills curricula, the differences in the organization of each curriculum, and the different populations of handicapped children that were the targets of the curricula. Especially important is the paucity of curricula that evolved from theoretical orientation.

Table 1

Social Skills Curricula

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
CURRICULUM GUIDE FOR ATYPICAL DEAF ADOLESCENTS Christine Pawelski, Bureau of Education for the handicapped, Wash.D.C.		Prework Life skills	Clothing, cooking, health education, money management., sex education, food shopping, travel training and adaptive behavior, independent work skills, personal welfare responsible behaviors, work ethics and social skills	Contains objectives and related activities for each competency, includes assessment forms and activity sheets	Severely handicapped deaf adolescents unable to successfully function in traditional academic environment
A CURRICULUM MODEL FOR INDIVIDUALS WITH SEVERE BEHAVIORAL DISORDERS, Linda Simonson. University Park Press, Baltimore		Work Language Reading and number skills	Examples given. Table settings. Blackboard cleaning, bed making, toothbrushing sandwich making	4 Chapters on autism, overview of the model, use of a functional curriculum, principles of effective teaching. 7 chapters on preparation & assessment	Children with severe learning and behavior disorders such as autism
A GUIDE FOR TEACHERS OF THE EDUCABLE MENTALLY HANDICAPPED New Mexico, State Dept. of Education, Santa Fe, 1974		Academic Social Vocational Work Study	Communication, mathematics, & science, interpersonal relationships, citizenship leisure, training, job tasks home arts, homemaking, food services, building, auto skills, garden/nursery work	Includes definition, rationale, educational interventions, administration, psychoeducational diagnosis, individual programming, teacher qualifications, provides objectives, activities, instructional materials, includes bilingual/bicultural	EMR 12 to 21 years of age
A GUIDE FOR THE TEACHER OF THE TRAINABLE MENTALLY RETARDED. Jane Blumenfeld, et al., New Mexico State Dept. of Education, Santa Fe, 1970.		Self help Social Perceptual Motor Communication Functional academics Economic usefulness Vocational preparation	Brushing teeth Learning to take turns Using knife to cut meat Using telephones Recognizing signs Making change Escalators and elevators	Describes behavioral objectives, activities & instructional materials and curriculum areas.	Trainable mentally handicapped children.
A MODEL FIELD DELIVERY SYSTEM Peabody model vision program,		Administrative Classroom Instructional	Sample activities in gross & fine motor, sensory stimula-	Initial section on program, personnel and delivery	Multiply handicapped & visually

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TARGET	ORGANIZATION	POPULATION
Bureau of Education for the Handicapped, Wash. D.C.		Program organization	tion, self-care & daily living skills, language & communication, socialization & affective development & prevocational training.	Second section on goals & objectives development, teaching strategies & curricular emphasis. Appendices contain sample activities with objectives, procedures, equipment & adaptations.	impaired, primary, secondary and young adults
A PERSISTING LIFE NEEDS APPROACH TO A CURRICULUM FOR THE EDUCABLE MENTALLY RETARDED, Kenneth Blessing, Wisconsin State Dept. of Public Instruction, Madison WI, 1970	Psycholinguistic	Persisting life situations	Communicating ideas, understanding self & others Traveling Adjustment to various situations Health care Safety concerns Earning money Homemaking Money management Leisure time Appreciation of arts & beauty	Presents objectives and perspective & describes concepts & activities of 12 curriculum units. Separate objectives & activities at primary, intermediate & secondary levels are listed for each unit. Approaches to learning & behavior development are discussed. Use of prescriptive teaching & psycholinguistic instruction	Educable mentally retarded
A RESOURCE IEP GUIDE FOR HANDICAPPED STUDENTS IN NUTRITION, PERSONAL HYGIENE AND SAFETY. Developed by HEALTH FOR LIFE. Susan Erber	Behavioral	Help student achieve greater independence for daily living through the areas of: 1) nutrition; 2) personal hygiene; and 3) safety	Each of the 3 basic areas are further divided into more specific skills, e.g. hygiene: self control, body cleanliness, grooming, etc.	Goals and performance objectives are provided in each area: Nutrition, personal hygiene, and safety	Handicapped students
A RESOURCE FILE FOR THE SEVERELY MULTIPLY HANDICAPPED Phillip Hardy et al., Utah State Dept. of Public Instruction, 1979.		Self care	Knowledge & concepts, cleanliness, eating, dressing, toileting & Health skills, grooming, safety	Resource file with information on learning activities, materials & equipment	Severely multiply handicapped
		Language & communication	Listening, receptive language, vocabulary develop-	For use with individuals or with groups.	

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
			ment, spoken language, written language, nonverbal communication.		
		Sensory motor	Sensory, spatial orientation, motor coordination, physical education, recreation.		
		Arithmetic	Concepts & Computation.		
		Interpersonal relationships	Self realization, social interaction, social competencies, emotional reactions.		
		Fine arts	Arts & craft production, music, dance, drama.		
		Practical arts & occupational skills.	Housekeeping, homemaking, yardwork, shop, vocational		
A SOCIAL/BEHAVIORAL PROGRAM FOR THE ADOLESCENT STUDENT, WITH SERIOUS LEARNING PROB-	Behavioral Synergistic	Academic Affective/social parent program essential skills	Responsibility, communication, assertiveness, problem solving, relaxation, reading	Student views own progress through daily measurement & charting. Individual and group experiences, daily	Learning disabled adolescents
LEMS, Charles Neisgeler, Focus on Exceptional Children, V13, 1981.			reading & other academic subjects	schedule experiences daily schedule involves deep breathing exercies, minilecture, experience activity & self-reflection, excerpts from one lesson plan provided.	
ADAPTIVE BEHAVIOR CURRICULUM: PRESCRIPTIVE BEHAVIOR ANALYSIS FOR MODERATELY, SEVERELY & PROFOUNDLY HANDICAPPED STUDENTS, Dorothy Popovich & Sandra Laham, Paul Rookes, Baltimore MD, 1981.	Behavioral	Self help Communication Perceptual motor development Socialization Aquatics (socialization: attending play, safety, school behavior, manners, music, functional signs, transportation)	Feeding, dressing, personal hygiene, receptive & expressive language, gross & fine motor skills, physical education, prereading, perceptual skills, independent living skills, social skills, numerical functions, swimming skills.	Task analyzed sequences for each section with behaviorally specified terminal objectives. Developed on principle of backward chaining 3,500 behavioral objectives.	Moderately, profoundly & severely handicapped & multiply handicapped

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
BASIC LIFE FUNCTIONS INSTRUCTIONAL PROGRAM MODEL; CURRICULUM GUIDE FOR CHILDREN WITH EXCEPTIONAL NEEDS, Victor Controveri, Office of Education, Washington DC, 1973.		Basic life skills Leisure time Creativity through art & music	Communication ideas Understanding self & others Traveling Adapting & functioning in physical environment Health & safety Financial Management Homemaking	Life skills analyzed in terms of content areas, developmental levels & curriculum items. Curriculum items are broken into skill descriptions, instructional activities, list equipment & material, serves as functional assessment & record keeping device in individualized planning.	Moderately to severely retarded students
BASIC LIFE FUNCTIONS INSTRUCTIONAL PROGRAM MODEL AND POSSIBLE CONTENT AREAS FOR IMPLEMENTATION OF THE BASIC LIFE FUNCTIONS INSTRUCTIONAL PROGRAM MODEL, Wisconsin State Department of Public Instruction, Madison, WI 1973		Basic living skills	Communicating ideas Understanding one's self & others Travel Functioning in one's physical environment Keeping Healthy Giving safely Contributing to financial maintenance Assisting in homemaking Appreciating material values Using leisure time Appreciating & creating beauty Being a reliable citizen	Proposal for curriculum, three dimensions of instructional programming are described; selection of knowledge & skills to teach, sequencing curriculum for individual, format for integrating content, resources, and processes of instruction. Volume II identifies curricular items to develop skills in 12 broad instructional objectives of the basic life functions instructional program model. Skills are listed under curricular items and 9-15 objectives are noted for each skill.	TMR children, 2 to 20 years old.
BCP (BEHAVIORAL CHARACTERISTICS PROGRESSION) METHOD CARDS. Richard D. Struck, Special Education Information Management System (SEIMS) CA	Behavioral	1. Self-help skills 2. Motor skills 3. Communication skills 4. Social skills 5. Learning skills (organized into 5 books)	Within each of the 5 areas, specific components are addressed, e.g. in the area of SOCIAL SKILLS, these are: 1. Attendance/promptness 2. Adaptive behaviors 3. Compulsive control	2000 instructional methods have been developed and related to the components in books (areas) 1-5. The 2000 BCP cards are grouped into 50 BCP strands and are organized into 5 books.	Children with special needs, exceptional children

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
			4. Interpersonal relations 5. Responsible behaviors 6. Personal welfare 7. Self confidence 8. Honesty 9. Social speech 10. Social eating 11. Attention span 12. Task completion	Each IEP card contains the following information: - pupil abilities required - interest level - pupil group - activity length - adults required - material and equipment needed	
BECOMING A SOCIAL BEING, Volta Review: Curriculum content and change, V82, Oct-Nov 1979, "Oralingua interaction skills"		Attending skills Spontaneous interaction Communication clarification Social fluency	Assertiveness, values, clarification, exploration, discussion	Uses modeling, role playing, games & songs, field trips, discussion, behavior modification, Parent involvement & support	Hearing impaired
CAREER DEVELOPMENT: SPECIAL EDUCATION, Stanley Picago et al., Bureau of Education for the Handicapped, Wash.DC, 1973		Career development Life Situations	Interrelationship between occupation & life style, Education & work Travel Managing money	Provides teaching units & activities, includes behavioral objectives, topic learning activities, learning outcomes & evaluation procedures.	Educable mentally handicapped, grades 7 through 12

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
EFFECTIVELY DISABLED TRAINABLE, Magnolia Special Education Center, Florida Department of Education, Tallahassee, FL, 1970		Body usage	clothing, safety Gross motor, health, fitness, eye-hand coordination	sequence of learning activities to achieve specific goals. Activities & materials are suggested. Up to 15 children	mediate & secondary age level TMR students
		Communication Basic knowledge Practical skills	Information, numbers, awareness, social studies tools, household items, family chores, vocational readiness		
		Social Behavior			
CURRICULUM GUIDE FOR TEACHERS OF TRAINABLE MENTALLY RETARDED CHILDREN, North Carolina State Department of Public Instruction, Raleigh, NC, 1972		Self help Communication Socialization Physical & Motor development Cultural Arts Practical occupational skills		Discusses use of equipment & materials, individualized instruction, classroom organization & evaluation procedures. Includes tools & methods for placement.	TMR children at 3 developmental levels: CA 4-10, MA 1-5; CA 10-15, MA 3.5-7; CA 15-18 MA 5-8

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
Mental Health, 1979			expressive language, non-verbal communication.	Task analyses provides gradual withdrawal of prompting from physical assistance to visual & verbal cues to verbal cues to independence	profoundly multiply handicapped & young mildly handicapped
		Motor development	Gross & fine motor		
		Basic academic	Preacademic basic concepts, reading, writing, numbers money, clothing care, first aid		
		Home living			
ORIENTATION & MOBILITY TRAINING FOR THE MULTIPLY HANDICAPPED DEAF, Teaching Exceptional Children, 1981		Environmental awareness Orientation reference systems Auditory training	Route planning, solo travel experience		Multiply handicapped deaf
CURRICULUM DESIGN FOR THE SEVERELY & PROFOUNDLY HANDICAPPED, Paul Wehman, Human Sciences Press, NY, NY, 1979	Behavioral	Recreation Self help Motor Language Functional academic Vocational		Describes methods of education & related research. Each curriculum area includes illustration of task analyses & skill sequences includes sample programs & instructional guides for other programs	Severely, profoundly & multiply handicapped
CURRICULUM FOR TEACHING THE VISUALLY IMPAIRED, Charles Cithoms, 301-327, Springfield, Ill., 1981		Communication skills	Reading, writing, oral Communication	Skills are broken into task analyzed & developmentally sequenced goals & objectives. Each section contains introduction, suggested teaching strategies, materials & chart with description & usage of materials	Visually impaired
		Mathematics	Arithmetic readiness, secondary mathematics		
		Abacus	Subtraction, multiplication, fractions		
		Orientation & Motility	Body image, cane travel skills, self familiarization		
		Daily living skills	Eating skills, personal skills		
		Foreign languages Science Social science			
		Home arts	Cooking, sewing, housekeeping		
CURRICULUM FOR THE INTEL-		Self care	Bathroom, grooming, food,	Presents a developmental	Primary, Inter-

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
		Drug use	Alcohol, smoking, drugs, organizations		
		Law & justice	Rights, courts, probation, shoplifting, purpose, confrontations with law officers		
		Learning abilities	Characteristics of LD		
CONSEQUENCES. Argus Communications, Developmental Learning Materials, 1975		Heighten adolescents' appreciation of the effects of action both on the originator of the action and on others Help child, to take others needs, interests and feelings into consideration as well as their own needs when they act		Comprises a set of 71 "consequence" situation cards Role playing, mime, writing, acting out plays, creative writing, speaking, art work, cause-effect diagrams and discussions are suggested in conjunction with situation card.	Adolescence, authors suggest material can be used with exceptional children, specifically slow learners
COORDINATED CAREER EDUCATION CURRICULUM GUIDE, ED204498, 1981		Life-skill needs Career education	Includes: Level 1 - Career education, exploration & planning, personal care & responsibility, pre-employment readiness. Level 2 - Personal management & finance, pre-employment skills, effective communication, employment safety, specific educational skills. Level 3 -Adult living, labor relations, consumer education, citizenship responsibilities, management of leisure time.	3 levels, mastery of 1 leading to introduction of next, each section to be given in as many variations as needed for mastery. Level 1 - 4 sections 18 units Level 2 - 7 sections 20 units Level 3 - 5 sections 15 units	Secondary special needs students
CORVALLIS 509J T.M.R. CURRICULUM REVISED EDITION, Oregon State Division of		Self help	Eating, dressing, personal hygiene	Task objectives, task analysis & exercise ideas for 6 categories.	Trainable mentally retarded, moderately to
		Language	Prespeech, receptive &		

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
CAREER EDUCATION REHABILITATION FOR THE MENTALLY HANDICAPPED, T.T. Rigger, Charles C. Thomas, Springfield, Ill, 1980	Discusses humanistic behavioral Piagetian	Career education & rehabilitation, academics, social skills, on the job training.		Chapters on nature & characteristics of mentally handicapped, on role, process, step, & goals of career education, on assessment, on documentation involved in work with mentally handicapped, on classroom management techniques, on counseling, on each component of the curriculum.	Mentally handicapped.
CHILDREN WITH LEARNING PROBLEMS: A HANDBOOK FOR TEACHERS, Larry Faas, Houghton Mifflin Co., Boston, MA, 1980		Social	Hyper- and hypo-activity Attention Organization Social Perceptions	Describes instructional approach using task & process analysis, contains suggested diagnostic & remedial techniques in each skill area, includes background information on learning problems, writing IEPs, selecting least restrictive settings & services, parental contact & record keeping.	Children with learning problems
		Perceptual-motor Visual	Gross & fine motor Body image Coordination Gestures		
		Language Academic	Reading Spelling Handwriting Mathematics		
COMMUNITY CURRICULUM OF OPERATION DIVERT: A CHILD SERVICE DEMONSTRATION CENTER FOR LEARNING DISABLED JUVENILE OFFENDERS		Community survival skills, each w/component of decision making, value clarification, assertiveness & communication, vocational	Social security, time orientation, money, communication, assessment, want ads, community resources hygiene	8 units with emphasis on fusion of anxiety associated with academic tasks.	Learning disabled and/or delinquent adolescent
		Sexuality	Relationships, rape, divorce, pregnancy, parenthood, abortion		
		Financial management	money, check writing, loans, record keeping, credit cards, savings accounts, bills, taxes		
		Living skills	safety, first aid mental health		
		Consumer education	Shopping, advertising		

CAREER EDUCATION CLASSROOM ACTIVITIES, North Dakota Bureau of Adult, Vocational, Technical Education, Wash,DC 1972	(Has primary philosophy)	Career education,personal & world of work oriented	Relationship with self and others, values, dependability, responsibility, sportsmanship, understanding need & dignity of work, exploring work possibilities, how school subjects relate to work & positive attitudes related to work.	Units keyed to broad objectives with specific behavioral objectives. Each has suggested activities, teaching techniques, resource materials.	Special education at primary level
CAREER EDUCATION FOR CHILDREN WITH LEARNING DISABILITIES, Pamela Gillet, Academic Therapy Publications, 1982		Career education	Career awareness at elementary level to hands on work experience at high school level.	Career education program for elementary to high school including directions for writing IEP's and a list of materials for instruction.	Learning disabled elementary to high school aged children.

DAILY LIVING AND PHYSICAL EDUCATION FOR EMR PUPILS, Victor Signorelli, Los Angeles City Schools, Los Angeles, CA, 1973	Daily living	Safety habits relating to school, personal health, nutrition, physical, mental, emotional & social changes as a part of growth, awareness of school, home & community health,	Includes learning objectives, suggested class activities, & review activities	Elementary grade educable mentally retarded
	Physical education	creative body movement, body parts & surfaces, rhythmic activities, game skills,		

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
				mance areas; and 4. modules.	
IMPLEMENTATION CENTER EDUCATION FOR HANDICAPPED CHILDREN, A staff developmental guide. NYC Board of Education, 1979-1980		To serve as a guide for special education teachers concerned with teaching the handicapped student to become an employable adult. Help student develop a concept of himself in relation to work, personal character, and realistic understanding	1. Self awareness 2. Education awareness 3. Career awareness 4. Economic awareness 5. Beginning competencies 6. Employability skills 7. Decision making 8. Appreciation and attitudes	Each of the 8 elements are broken down in themes (32 in total). Themes are written in terms of behavioral objectives which set specific goals, the accomplishment of which is shown by the successful performance of the designated activities	Handicapped students K-12
INDEPENDENCE TRAINING: A SEQUENTIAL PROGRAM OF INSTRUCTION IN DAILY LIVING SKILLS FOR THE DEVELOPMENTALLY IMMATURE, Robert Burger et al. Western Psychological Services, LA, CA, 1981		Daily living skills	Underwear & footwear Indoor and outdoor clothing Fastenings Grooming & self-care	Program of instructional steps & tests for teaching 98 self-care skills, each task is analyzed to facilitate instruction & adaptation to different situations. Skills are organized in branching sequential format, no additional materials are required, includes record sheets for home, classroom, and a parent's guide for reinforcement at home.	Trainable, educable, severely or profoundly retarded, emotionally disturbed or learning disabled children
INDIVIDUAL EDUCATIONAL PROGRAMMING FOR ALL TEACHERS OF THE SPECIAL NEEDS LEARNER, Charles C. Thomas, Springfield, Ill. 1979		Language Mathematics Personal & social Career & vocational Training programs	Development, reading, vocational learning experience. Numeration, life oriented mathematic, measurement. Health, safety, home economics Telephone, employment, home management Green house, landscaping	Sequenced curriculum with introduction on implications of P.L. 94-142 and case study illustrating use. Instructional objectives in 5 categories	Handicapped students
INFANT AND INFIRM LANGUAGE STIMULATION PROJECT, Gregory		Motor development Adaptive skills	Sitting, crawling, walking visual pursuit, reach &	Pre & post-assessment & behavioral objectives	Severely mentally retarded institu-

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
of Special Education, 1981		4. Personal information 5. Streets and addresses	setting an alarm clock. Telephone: depositing money. Shopping: computing costs)	follow-up worksheets for review, reinforcement and evaluation	mediate and junior high school
HEALTH EDUCATION FOR SPECIAL CHILDREN. State Education Department, Division of Drug and Health Education and Services, Cortland-Madison Boces 1975		Health education to promote physical, psychological and social development of the individual	1. nutrition; 2. sensory perception; 3. dental health; 4. Health status, disease prevention and control; 5. drugs; 6. alcohol; 7. tobacco; 8. mental health; 9. family life; 10. consumer environmental and public health; 11. safety and first aid	Each unit (I-II) consists of 5 basic parts 1. overview and objectives; 2. concepts; 3. content outline; 4. learning and evaluative activities; 5. resources. Program is sequential building on developmental tasks at each level.	Levels K-12 with: Primary EMR; Intermediate EMR; junior high EMR; Primary TMR; Secondary TMR; Intermediate TMR; Primary ED-LD; Secondary ED-LD; Intermediate ED-LD
HOME & FAMILY LIVING LABORATORY CURRICULUM GUIDE, Patricia Will, Bureau of Elementary and Secondary Education, Wash, DC 1975		Transfer of home, maintenance & home economics skills to a real life situation.	Living in neighborhood Money & the consumers' personal needs within the family. Interior home care & planning. Home maintenance. Home Emergencies. Leisure time.	History of project & mainstreaming aspects. Includes take home activities for each unit & guide to media used. Contains 7 curriculum units with objectives, learning activities, vocabulary, teaching resources, related academic objectives, & evaluative criteria.	EMR & TMR teenagers, young adults.
HOUSEHOLD ARTS: A CURRICULUM GUIDE, Roena Markle, Greater Pittsburgh Guild for the Blind, Bridgeville, PA, 1977		Household Arts	Orientation in the kitchen Basic food preparation Laundry Housekeeping Basic & advanced sewing	Objectives & learning experiences	Blind
I CAN, Programmic Project in Physical Education for MR Children and Youth, Michigan State University, 1974	Cybernetic verbal model of learning	Developing the skills and abilities which enable social-leisure competence commensurate with the potential of each learner.	Psychomotor skills Cognitive skills Affective skills	Different models are provided in each of the 3 areas. Organizational categories include: 1. program goals; 2. target skills; 3. perfor-	Trainable mentally retarded. Also used with blind and normal student

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
			the-job		
EMR CURRICULUM GUIDE: JUNIOR HIGH, Veronica Ruschmeier, Bureau of Elementary & Secondary Education, Washington, DC, 1974		Basic skills	Listening, reading, speaking, arithmetic, writing, environmental awareness, consumerism	Behavioral objectives set forth for 4 curriculum areas with information about age level, learning area, specific & interim objective & teaching activities, lists vocabulary & games	Junior & senior high school EMR
		Vocational competencies	Choosing a job		
		Attitudes Social	Self, family, school, community		
		Physical	Leisure Body use & function health & safety		
EMR CURRICULUM GUIDE: PRIMARY, Veronica Ruschmeier & Linda Rockwell, Curriculum Development Project for the Educable Mentally Retarded, Lake Butler, FL, 1974		Verbal & arithmetic	Recognizing major sources of sound Understand words denoting amount, identifying spoken words beginning or ending with same sounds Using 'why' form questions	Specifies behavioral objectives & interim objectives' Games, activities, instructional materials & teaching methods are suggested. Includes vocabulary lists & addresses of materials companies	EMR students in primary& intermediate grades
		Vocational	Identifying & describing basic requirements for jobs		
		Social Physical	Telephone usage		
FEELING GOOD ABOUT YOURSELF: A HUMAN SEXUALITY & SOCIALIZATION CURRICULUM, Gloria Blum & Barry Blum, Mill Valley, CA, 1975		Socialization & human sexuality	Feeling, recognizing & knowing emotions Knowing own body Erotic fantasies Physical disabilities Masturbation Sex roles Sexual independence	Provides objectives, definitions, activities, & subjects for discussion. Lists resources & additional techniques & activities	Handicapped young adults
HANDBOOK OF ESSENTIAL SKILLS Summer 1981 curriculum series. NYC public schools, Division		1. Time 2. Telephone 3. Shopping	Within each unit more specific skills are addressed. (e.g., Time:	Specific skills are presented and developed in each area. Separate page accompanied by	Developmentally disabled students in primary, inter-

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
			physical fitness		
DEVELOPMENTAL PLAN HANDBOOK FOR COMMUNITY SKILLS TRAINING, Martin Roth, Staten Island Developmental Services Office, 1979	Behavioral	Community living skills	Personal management Housekeeping skills, kitchen skills, street safety, travel skills, functional academics, leisure skills, community skills	Task analyzed interventions each task divided into condition, behavior command, criterion, transit is from physical assistance to verbal prompting to independence	Adult mentally retarded & developmentally disabled
DEVELOPMENTAL PROGRAM FOR TRAINING OF THE PRESCHOOL CHILD, Margaret Young, Bureau of Education for the handicapped, 1974	Developmental	Sensory Motor Conceptual Social	Attention, stimulation, perception and/or response Gross & Fine Perceptual motor Adaptive & conceptual behaviors	Part I: Introduction & rationale, guidelines for 8 curriculum areas including developmental steps & learning experiences, equipment & additional activities Part II: 102 activities & skills, achievement profile	Potentially learning disabled preschool children
ELEMENTARY CAREER EDUCATION UNITS, Office of Education, Washington, DC, 1973		Career Education Traditional subject matter	For TMR: Clothes & sewing, food & nutrition & the school cafeteria, home services & child care	Units have introductory motivating activity with related resources & materials uses, resource people from outside school, parent & family involvement, hands on, role playing & field trips	Grades K-7, and special education, trainable mentally retarded
EMR BEHAVIORAL CURRICULUM & STUDENT RECORD, John J. Hartnett, 1979		Academic Life skills Vocational	Reading readiness, decoding, comprehension, study skills, language arts, mathematics Basic facts, money, time, measurement, calculators, health, safety, sex education, body systems & energy sources, social skills, housekeeping Newspapers, applications, taxes, banks, budgeting, preparation for being on-	To be used as curriculum guide, source for objectives for IEP's & an evaluation tool Lists sequences of developmental tasks outlined for primary, intermediate and secondary levels	EMR students

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
Loeser et al., Bureau of			grasp. Environmental res-	with teaching suggestions	tionalized persons
Elementary and Secondary Education, Wash., D.C. 1974		Language socialization Eating	ponding self-awareness Pre-eating and feeding		
INITIAL COMMUNICATION PROCESSES, Terris Schery &		Communication	Auditory, visual, fine motor, oral-vocal motor,	Structured for observation, screening, planning. Sample	Children or delayed adults w
Ann Glover, Publishers Test Service, 1982			manipulative object play, problem solving, affective development, expression	observational scales & list of 250 instructional objectives each with performance goal & criteria for attainment	may be autistic, severely or profoundly retarded, multiply handicapped

KEYNTZ CHILD DEVELOPMENT PROGRAM: TRAINING ACTIVITIES FOR THE FIRST 48 MONTHS, Charles W. Koontz, Western Psychological Services, LA, CA, 1981	Developmental	Individualized program for evaluating & improving development. Includes checklist of 550 observable behaviors arranged to parallel development in normal children. Training activities are provided to reinforce & develop each skill.	Normal & retarded children functioning at developmental levels of 1 to 48 months.
LIFE CENTERED CAREER EDUCATION: A COMPETENCY BASED APPROACH, Donn Brolin, Council on Exceptional Children, Reston, VA, 1978	Daily living Personal-social Occupational Guidance & & preparation	Behavioral objectives, suggested activities & suggested personal responsibilities for 102 specific competencies.	Handicapped & non-handicapped upper elementary and secondary

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
LIFE EDUCATION FOR MENTALLY IMPAIRED PERSONS: A CURRICULUM GUIDE, Sandy Koscierzynski & Mary Lou Karpen, Monroe County Intermediate School District, Monroe, MI, 1977		Sexuality	Primary - body image, toilet habits, sex differences, families, emotional needs, growth & life cycles. Intermediate - physical changes & hygiene, menstruation, masturbation, reproduction, social interactions. Advanced - authority, responsibility, decision making, friendships, dating, sexual relationships, drugs & alcohol, independent living	Units containing information on goals, objectives, vocabulary, activities, & resources.	Mentally impaired individuals
MANAGEMENT & MAINTENANCE IN THE HOME: A GUIDE FOR TEACHING THE HANDICAPPED, Bernie Walden, Iowa State Department of Public Instruction, Des Moines, IO, 1970		Daily living skills	Grooming & personality Home management & maintenance Clothing Food Child care	Suggests activities & resources. Each section includes rationale, submits, instructional objectives, core activities, vocabulary, bibliography, & handouts	Educable & trainable mentally retarded children at primary, intermediate & advanced levels
MARION COUNTY ASSOCIATION FOR RETARDED CHILDREN, Katy Matheson, Marion County Association for Retarded Children, Indianapolis, ID, 1972		Motor Self help Communication Pre- and academic Social	Jumping Dressing Recognizing printed names Eating	Organized into basic skills & subskills, suggested activities & equipment, and resources. Includes suggested daily & weekly schedules	Severely mentally & physically handicapped
MINIMUM/MAXIMUM STATE IMR PROGRAM: A VOCATIONAL/LIFE FUNCTION IMPLEMENTATION BASED CRITERION REFERENCED CURRICULUM, Mary Hopkins & Robert Brock, Wisconsin State Dept. of Public Instruction, Madison, WI, 1977		Vocational/Life Functions	Contains sample curriculum on work skills, adjustment, behavior, skills	Evaluation inventories in 3 areas of adjustment, behavior, skills, needs analysis, facilities & materials, community occupational survey, goals & content	Trainable mentally retarded

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
MODEL AFFECTIVE RESOURCE CURRICULUM PROJECT, Orange County Public School, CA, 1980	Psychoeducational	Self-control	Verbal self-instruction Self Monitoring Relaxing	Units arranged sequentially and organized in standard instructional pattern of modeling, practice, feedback Units are broken into skill lessons & these into activity lessons	Emotionally disturbed adolescents
		Problem solving	Identifing Problem & desirable outcomes Generating solutions		
		Behavioral interactions	Behavior modification techniques		
		Communication	Making thoughts and feelings known		
MOVEMENT EXPLORATION AND GAMES FOR THE MENTALLY RETARDED, Laurie Hackett, Peek Publications, CA, 1970	Child-centered	Movement exploration is a method of teaching physical education in which emphasis is on problem solving	1. Body image and self awareness 2. Self-confidence 3. Visual focusing and balance 4. Strength and endurance 5. Hand-eye coordination	The movement curriculum is divided into the units 1-5. Within each unit there are a variety of problem-solving activities to help the child in that particular aspect of development. Length of time devoted to each specific activity is determined by the teacher	Primary TMR, intermediate TMR, primary EMR, intermediate EMR
OCCUPATIONAL EDUCATION FOR STUDENTS WITH SPECIAL NEEDS, New York State Education Dept., Albany, N.Y., 1975		Vocational, specifically: wood products assembly, plastics manufacturing & & assembling Housekeeping Health oriented Packaging Ornamental horticulture Office services Mechanical assembly Graphics Food services	Accuracy and productivity, initiative and perseverance on the job, positive response to direction & supervision, regularity & punctuality, self-reliance & reliability, work tolerance	Specialized curriculum guides centered around 6 behavior clusters containing 42 instructional topics, learning & performance objectives included for each topic. Contains job modules, each providing a job description and suggested instructional activities and personal appearance tools	Marginal, handicapped or special needs occupational education student
ORIENTATION AND MOBILITY: A CURRICULUM GUIDE. James Kimbrough, Greater Pittsburgh Guild for the Blind,		Orientation & mobility	Use of sighted guides, cane skills, sidewalk travel, & other travel	Objectives and learning experiences listed for 10 units	Blind

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
Bridefield, PA, 1977					
ORIENTATION AND MOBILITY TRAINING FOR THE MULTIPLY HANDICAPPED DEAF, Teaching Exceptional Children, Reston, VA, 1981		Environmental awareness Orientation reference systems Auditory training	Route planning, solo travel experience		Multiply handicapped deaf
PERFORMANCE OBJECTIVES FOR EDUCABLE MENTALLY HANDICAPPED, Cooperative Educational Services, Phoenix, AZ 1973		Occupational Daily Living Skills Social Communication	Good work habits, identification & location of work facility Washing Choosing food Exercise Coping with emotion, relationships & roles, family values	Each skill area is broken into 4 to 7 components & each component contains 4 to 8 activities	Educable mentally handicapped, K through 12
PERFORMANCE OBJECTIVES FOR TRAINABLE MENTALLY HANDICAPPED, Cooperative Educational Services, Phoenix, AZ		Occupational Social Communication Daily living skills	Manual activities, work attitudes, career awareness, specific job skills, applying-retaining employment, financial Dealings Self control, manners, group participation, self image Oral language, functional writing, reading, mathematics Health & safety, mobility, care of clothes, cleanliness, table habits, home-assistance, leisure	Each skill area is broken into 4 to 7 units. Objectives are listed for each unit in checklist format	Trainable mentally handicapped, K through 12
PERSONAL & SOCIAL DEVELOPMENT CURRICULUM, American Guidance Service		Personal identity Social skills Understanding of self &	Cooperation, consideration, ownership & sharing, dependence & help Acceptance of strengths and	Eight curricula for populations from preschool to senior adults, generally including teacher's manual with suggested activities	Pre-school children up to senior adults

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
		others Understanding of choice	weaknesses Awareness of feelings & choices, recognition of and making choices	& materials, and activity sheets and related materials	
POLK COUNTY VOCATIONAL-OCCUPATIONAL CURRICULUM MODEL FOR EXCEPTIONAL CHILDREN, Polk County Board of Education, Bartow, FL, 1974		1-6 self academics orientation 7-9 vocational 10-12 personal & social adjustment Career	Family, body awareness, Language arts, reading, Directionality, neighborhood, transportation, geography Prevocational mathematics General work duties & information, communications Self preservation, social & environmental skills Functional skills, wages & hours	Aim is successful placement in community, includes rating scale; behavioral objectives, vocational readiness checklist & orientation forms	EMR grades 1 through 12

PROJECT ME, U.S. Office of Education, Department of Health, Education and Welfare, CA, 1973	Body image: awareness of how parts of the body are interrelated and how they work together to perform integrated activities	At level I - learn to recognize and name major body parts. Level II - focus on joints, connecting parts, and specialized parts	Each level includes various filmstrips with the respective behavioral objectives; vocabulary words or phrases; aid teaching procedures and related activities	Geared to young handicapped children with special needs
PROJECT MORE (Mediated Operational Research for Education) Bureau of Education for the Handicapped, University of Kansas, Bureau of Child Research, 1973	Daily living skills within the areas of: personal; domestic; leisure time; and social	1. eating skills; 2. personal hygiene; personal appearance; 4. house cleaning skills; 5. simple meal preparation; 6. participation in individual activities; 7. participation in group activities; 8. selection of activities; 9. non-verbal social skills; 10. verbal social skills; 11. peer relation skills; 12. responsibilitys	The curriculum begins with these 13 individual sets of skills and expands to interrelationships with broader objectives and goals. Includes task analysis for skills; videotapes of retarded and nonretarded persons doing the skill; teaching strategies; and sample skill lessons	Trainable retarded both in and out of institutions

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
			and, 13. response to authority		
PROJECT RE-ED, described in N.J. Long, W.C. Morse, R.G. Newman, Conflict in the Classroom: The Education of Children with Problems, Wadsworth Publishing, Belmont CA, 1971	Ecological	Social competence	Academic remediation Sensory-motor Individual & group psychotherapy Modification of both youth & ecological system to obtain balance	For use in residential schools or small group living situations. Requires 3-member team of teacher-counselors, specialists, diagnostician & supervisor for coordinated 24 hour/day curriculum. Steps in design include gathering & integrating information, developing goals, coordination & evaluation. Methods, materials & techniques vary according to student need.	Mildly to moderately disturbed youth with average or above average intelligence, often academically retarded
PROJECT RUN: EARLY EDUCATION ASSESSMENT: CURRICULUM FOR THE SEVERELY & PROFOUNDLY HANDICAPPED, J.A. Preston Corp., Clifton, NJ, 1981		Auditory discrimination Communication Motor Socialization	Naming, touching, verbal and gestural yes/no directional eye movement Gross motor, visual/fine motor Home environment, group activities in the classroom environment	Designed to bridge gap between assessment & program implementation. Both use same materials: developmentally sequenced long-term objectives for tasks in each area, divided into short-term objectives, written in behavioral terms, levels of assistance progress from physical to minimum physical to verbal cues to request	Severely and profoundly handicapped, developmental level between 0-48 months age level
REMEDIAL ADULT EDUCATION FOR THE PHYSICALLY HANDICAPPED: A CURRICULUM GUIDE. AN INSTRUCTIONAL MANUAL OF BASIC, APPLIED AND ADAPTIVE INFORMATION ON DAILY LIVING SKILLS FOR PERSONS WITH CEREBRAL OR OTHER PHYSICAL DISABILITY,		Daily living skills	Social image Home management Mobility training Crisis intervention Money management Consumer education Employment orientation Human sexuality	Sequential outline of basic information for adult education program. Modules broken into basic information (prerequisites for applied skills), applied information (daily living skills in each area) and adaptive informa-	Small groups of adults with a wide range of physical and mental abilities

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
Marvin Rosen, Elwyn Educational Materials Center, Elwyn PA, 1973				tion (making skills accessible to handicapped). Emphasis on student involvement & role playing. Lists of resources & sample materials	
SAFETY & SURVIVAL EDUCATION: INDIVIDUALIZED HEALTH INCENTIVE PROGRAM MODULES FOR PHYSICALLY DISABLED STUDENTS FOR GRADES KINDERGARTEN THROUGH TWELVE		Safety and survival	Activities of daily living, traffic safety, school bus, water, fire, home, school outdoor, accident, work, driving, emergencies	Descriptions & safety considerations; procedures for developing individualized health incentive modules with background information for nine physically handicapping conditions. Includes concepts, activities, & student self evaluations	Physically handicapped students grades K through 12
SKILLS FOR INDEPENDENT LIVING, Larry Irvin, Andrew Halpern, et al. Publishers Test Services, 1981		Daily living skills	Purchasing, budgeting, banking, job-search skills, job-related behavior, home management, health care, hygiene, grooming, interpreting functional signs.	Contains 46 teacher resource files covering 39 instructional objectives with suggested activities, activity master sheets, & resource material guides. Students placed by TESTS FOR EVERYDAY LIVING AND PREVOCATIONAL INFORMATION BATTERY	Low-functioning or average students, mildly to moderately retarded students, grade range 7 or above
SO YOU DIDN'T GET YOUR WAY, (audio-visual) Sunburst Communication Inc., NY, 1978 Filmstrip series.		Program designed to provide emotional education in the context of basic curriculum lessons. Addresses fear-related questions and concepts	Help children accept different causes and effects of fear as normal, find the best way to handle their fear, understanding fear of authority, understanding fear of speaking up and self-assertion	Divided into 3 filmstrips (original score and candid style photographs). Questions for discussion and suggested activities are provided	Elementary school-age children, authors suggest use with children who have special learning problems or those who are functioning substantially

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
					below level of handicapped
SOCIAL LEARNING CURRICULUM, Herb Goldstein, Primary Phases 1-10 Intermediate phases 11-16 Charles E. Merrill Publishing Company, Columbus, Ohio, 1970	Psycho-educational Inductive learning	Self	Shared characteristics Feelings Bodily functions Motor, social & communication Sensory, emotional & physical awareness	The Social Learning Curriculum (SLC) is structured according to Gestalt psychology, mass differentiation, and integration. Primary emphasis is placed on social interactional and behavioral learning, while providing suggestions for application of the academic skill areas to the social learning process. The Curriculum is divided into curricular sections called phases that represent teaching content. The teaching strategy and learning method upon which the curriculum is based is the inductive method. This method constitutes 5 steps which guide the organization of the content in the SLC. The 5 steps are labeling, detailing, inferring, predicting, and generalizing.	Severely/profoundly handicapped
		Home & family	Interdependence & individuality. Roles & multiplicity of function Acting on abstract concepts, e.g. cooperation Customs & morals of other families		
		Neighborhood	Recognition of entity beyond self Maintenance of self & family identify Strategies for routine experiences, e.g. shopping Transactions with remote people. Codified & uncodified		
		Community	Extension of family roles Formulas for interacting with impersonal roles Self management with abstract constraints		
		Extra-community	Personal affairs & work settings Conceptually distant activities, e.g., voting Awareness & motivation of self as member of larger political group		
SOCIAL LEARNING CURRICULUM	Psycho-educa-	Gross motor	Head control	Program in the social learn-	

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
Herbert Goldstein, Mark After Pre-primary programs Melton-Penninsula Inc., Dallas, TX, 1981-82	tional		Sitting Standing/walking	ing Curriculum	
		Sensory awareness	Early visual experience Early auditory experience Tactile experience Taste & smell experience Proprioceptive experience		
		Perceptual motor play	Exploratory play Social play Parallel play Cooperative play collaborative play Competetive play		
SOCIAL PERCEPTUAL TRAINING KIT FOR COMMUNITY LIVING, Barbara Edmonson et al., Educational Activities, Inc. Freeport, N.Y. 1982		Social perception	Introduction to signals Numbers as signals Places as signals Making a good impression Shopping-buying Big store Living on our own Getting and keeping a job After hours Getting along with others	50 lessons in script format including cassettes & photographic slides and masters	Trainable & educable retarded adolesents & adults, upper elementary to pre-vocational
SOCIAL SKILLS FOR SEVERELY RETARDED ADULTS, Sandra McClennen, Ronald Hoekstra & James Bryan, Research Press, Champaign, Illinois		Basic social skills	Appropriate physical interaction, touching/manipulating objects, reaction to name, social smiling, eye contact, social interaction & traveling with trainer, group interaction, leisure skills, waiting		Severely retarded adults
SCHAM DEVELOPMENTAL CURRICULUM: INSTRUCTIONAL PROGRAM, Ed, Adams-Patrick, Casa Grande Center, Petaluma, CA 1979		Motor, gross & fine	Examples: Tonic-neck reflex Crawling Clenched fist on contact Copies circles	Lists target behavior, performance objective, materials need & suggested for instruction	Developmentally delayed children from birth to 6 yrs. old
		Language development	Eye contact		

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC-COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
		Social/emotional development Self-help	Names missing object Identifies self in photo Raises hand when appropriate Eating/drinking Toileting Washing/grooming Dressing Safety		

SPECIAL NEEDS CURRICULUM GUIDE, ED118889, 1975	Pre-vocational and living skills	Living skills, construction and remodeling, mechanics and motors, home repairs, horticulture, introduction to world of work and occupational training	Each subject divided into units and lessons Each unit contains introduction, pre/post tests, sample lesson plans and resource list. Each lesson plan states behavioral objectives, content, detailed learning activities and needed resources.	Handicapped and disadvantaged students
STATE OF OHIO CURRICULUM GUIDE FOR MODERATELY MENTALLY RETARDED LEARNERS, Maxine Mays, State Office Tower, Columbus, Ohio, 1977	Lifelong learning needs	Developing ability to communicate, managing one's body, understanding self and others, home and work responsibilities, travel, leisure time alternatives	Behavioral objectives identified at six levels of functioning. Includes guidelines for implementation	Moderately retarded persons-mental age levels of about 1.5, 3.0, 5.0, 7.0, 8.0, and 8.0+(adult)
STEPS TO INDEPENDENCE, Bruce Baker and Alan Brightman, Research Press, Champaign, Ill	Early self-help	Paying attention, following directions, hand-eye coordination, gross motor,	Step by step instructions for helping special children Designed for early use by	Special persons

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
			grooming, eating, housekeeping	parents and others working with special persons	
		Toilet training			
		Speech and language	Following simple verbal directions		
		Behavior	For teacher or parent, Dealing with self-stimulation, self-abuse, fearful behavior		
		Independent living	Dressing, grooming, health care, community living		
STUDENT ACTIVITY GUIDE: A PIAGETIAN PERSPECTIVE/ TRAINING MANUAL FOR TEACHERS OF THE VISUALLY HANDICAPPED	Piagetian	Reasoning	Opportunities for material, social and environmental interactions	Student Activity Guide - Modules of sequentially related activities designed to remediate specific deficits Training Manual - Theoretical overview, guidance in scoring and profiling, material on application of Piagetian theory to curriculum	Visually impaired students, 6-18, and teachers
SYSTEMATIC CURRICULUM FOR INDEPENDENT LIVING, Marta Hannah, et al. Academic Therapy Publications, 1982		Life-skills	Math, money, time, measurement, functional reading, speech, postal, telephone, writing, personal care, sexuality, health and first aid, home care, social skills, vocations, community living, and leisure	Four year curriculum presenting curricular areas in discrete, sequential steps. Each area identifies target populations, behavioral objectives and suggests lesson plans. Volume I - user's manual outlining methods for setting up motivational systems in home, classroom or workshop	Adolescent and adult learning disabled
TEACHING AND LEARNING STRATEGIES FOR PHYSICALLY		Normalization	Academic skills, affective education, family life, inde-		Physically handicapped

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
HANDICAPPED STUDENTS, Mary Lynn Calhoun and Margaret Rawisher, University Park Press, 1979		Creative problem solving	pendent living, language, vocational, recreation, self care, death education, communication		
TEACHING CHILDREN BASIC SKILLS: A CURRICULUM HANDBOOK, Charles E. Merrill Publishing Co., Columbus, Ohio, 1978	Prescriptive teaching	Academic Social skills	Reading, handwriting, spelling, arithmetic Environment, interpersonal skills, self and task related social skills	To develop short-term objectives and provide information on prescriptive teaching within a skill model	Handicapped children
TEACHING EDUCABLE MENTALLY RETARDED CHILDREN, Oliver Kolstoe, Holt, Rinehart & Winston, N.Y., 1970	Neurophysiological & behavioral	Independent living & work	Communication Arithmetic Social Motor & recreation Esthetics Vocational competencies	Presents methods and materials for specific behavior outcomes to enable children to become independent adults. Behaviors of each level are built on behaviors of preceding level. Instructional outcomes are listed for each skill area and level.	EMR children at pre-primary, primary, intermediate, prevocational and vocational levels
TEACHING INTERPERSONAL SOCIAL SKILLS. A PROTOTYPE MANUAL OF ACTIVITIES, Lawrence Barry, Bureau of Elementary and Secondary Education, Washington, DC, 1976	Behavioral	Interpersonal social skills	Group problem solving Individual behavior Control	Describes approximately 65 games, role play situations, critical incident simulations and cartoon discussions Contains information on purpose, materials and playing instructions includes overview, discussion of reinforcer, 12 strategies for changing undesirable behavior and summary of behavior analysis	Educationally handicapped children K-6th grades

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
TEACHING SKILLS TO CHILDREN WITH LEARNING AND BEHAVIOR DISORDERS, Thomas Stephens, Merrill Publishing Co., Columbus, OH, 1977	Behavioral	Academic	Motor Language - speaking and reading Concepts - reading, mathematics, writing Thinking - labeling, organizing, inferring	Contains background research and theoretical information on learning and behaviorally disordered children, including sections on student assessment, planning, and implementation of instructional program and evaluation of instruction. Part II describes directive teaching, classroom management and parent interactions includes model for designing social and academic curriculum with suggested activities in each. Model uses operant conditioning, social modeling and overt modeling.	Learning and behaviorally disabled students
		Social skills and attitudes	Achievement - related behaviors Peer interactions Teacher interactions Environmentally related behavior Self-related behavior - feelings, self-care, responsibility, self-concept, ethics, consequences		
TEACHING THE MODERATELY AND SEVERELY HANDICAPPED: CURRICULUM OBJECTIVES, STRATEGIES AND ACTIVITIES SERIES, Michael Bender, Peter Valletuttie and Rosemary Bender, University Park Press, 1976		Self awareness Social skills	Behavior, self-care, motor skills, communication, socialization, safety, leisure time skills (e.g., gestures, vocal tones, facial expression, sexual feelings, use of drugs, sports, public facilities).	Curriculum guides and teaching text 3 volumes. Sets out instructional objectives and activities. Includes diagnostic checklist. Lists 72 teaching strategies, including reinforcement, time out and carry over agents.	Moderately and severely handicapped children
		Academics	Functional academics.		
TECHNIQUES FOR DAILY LIVING; CURRICULUM GUIDES, Lillian Wooldrige et al. Bureau of Elementary and Secondary Education, Washington, DC, 1970		Daily living	Personal needs - bathing, personal hygiene, dressing, good grooming, caring for belongings, maintaining a neat room, socializing, performing household chores, handling and eating food,	Designed for cottage parents. Contains explicit directions for teaching each individual skill	Children with visual and other handicaps

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
			dining out.		
TECHNIQUES OF DAILY LIVING: A CURRICULUM GUIDE, Mary Behrman, Greater Pittsburgh Guild for the Blind, Bridgefield, PA, 1977		Daily living	Table orientation and eating skills, personal grooming, telephone, money handling, gift wrapping, shopping	Objectives and learning activities	Blind
THE LAUNDRY WORKS OR HOW TO CLEAN UP YOUR ACT, Bob Cole, et al., Bureau of Education for the Handicapped, Wash.,DC		Affective	Self awareness, giving and receiving, awareness of others through self awareness, values clarification	Activity described in terms of rationale, materials, and content, suggested timetable and classroom setting	Delinquent students, grades 4-12
THE DORMAC PROGRAM, Sarah Hyde and Deborah Engle, Dormac Inc., Oregon, 1977	Academic approach	To train for 1. specific skills; 2. learning to learn. Emphasis on cognitive skills which will prepare the student to learn the necessary basic life skills, job skills and/or more difficult conceptual skills	1. Matching 2. Categorization 3. Sequencing 4. Gross motor skills 5. Fine motor skills 6. Sign language 7. Introduction to hearing aids and auditory training 8. Introduction to speech	Each of the 8 areas are further divided into the following sections: 1. cover page; 2. flow charts; 3. behavioral objectives; 4. sub-objectives; 5. activities; 6.explanatory illustrations; and 7. evaluation sheets	Severely handicapped, deaf, hearing impaired, non-verbal
THE VERMONT GUIDE FOR TEACHING ADOLESCENTS WITH SPECIAL NEEDS, William Halloran, Division of Special Education and Pupil Personnel Services, Bureau of Education of the Handicapped, Wash, DC 1975		Home management	Mental health and first aid Health and body care Marriage and family Food and nutrition House maintenance Laundering	Guidelines for 26 curriculum units consisting of statement of concepts and skills to be acquired and listings of projects, activities and materials	Adolescents with special needs
		Career preparation	Woodworking Carpentry Electronics Drafting Mechanics		
TITLE III EMR PROGRAM DEVELOPMENT: Teacher's Manual, Mentor		Persisting life problems	Travel Citizenship	Describes persisting life problems (PLP) curriculum	EMR students

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
Exempted Village School District, Mentor, OH, 1974			Leisure	which includes 14 content areas containing objectives, units of instruction, criterion referenced tests and student profile records 6 modules held teacher develop similar materials.	

VOCATIONAL INS AND OUTS FOR DEVELOPMENTAL KIDS, Joanne Balmer, 1977	Self care Social skills	Independent living Personal development Language Math Future employment	Outline of and suggestions for curriculum; explanations for focusing tasks on sorting, measuring, manipulating, packaging, assembling, tending, recording	Mentally retarded students	
WORK FOR INDEPENDENCE, Owen Bernstein and Bebe Bernstein, John Day Co., New York, 1971		Physical vitality; good grooming; special relations; self sufficiency; cognitive factors; attitudinal factors safety practices; motor control; occupational skills; leisure time; civic responsibility; and independence	The 12 work components have been organized into 3 developmental growth levels and amplified to meet the needs of 3 levels: 1) primary child 2) adolescent; and 3) young adult. 36 photo stimuli aids, 1 for each of the 12 work components at the 3 levels. Each of the 36 units comprises: a) title of photograph; b) stimulation question; c) occupational curriculum experiences; d) occupational vocabulary; and e) multipurpose stimuli-cross references	Mentally, physically & social disadvantaged ranging from 1) primary age thru 2) adolescence to 3) young adults	

CURRICULUM	THEORETICAL MODEL	COMPONENTS ADDRESSED	SPECIFIC COMPETENCIES TAUGHT	ORGANIZATION	POPULATION
WORKING PAPER NO. 1: PROGRAMMING RETARDED IN CAREER EDUCATION (PRICE), Donn Brolin,		Daily living Personal-social	Managing family finances Positive self concept Self confidence Awareness and exploration	Reviews recent research and defines career education. Suggests areas of change necessary for implementation. Presents model program for developing 22 competencies in 3 curriculum areas. Discuses personnel needs.	EMR high school students

Table 1a

Social Skills Curricula

1

Category of Handicap	Age of Pupil	Abbreviated Title
Behavior Disord	Secondary	Model Affective Resource Curriculum Project
Behavior Disord	Unspecified	Project RE-ED
Behavior Disord	Intermediate	The Laundry Works or How to Clean Up Your Act
Blind	Secondary	Model Field Delivery System
Blind	Unspecified	Curriculum for Teaching the Visually Impaired
Blind	Unspecified	Household Arts: A Curriculum Guide
Blind	Unspecified	Orientation and Mobility: A Curriculum Guide
Blind	Primary	Student Activity Guide: A Piagetian Perspective
Blind	Unspecified	Techniques for Daily Living: Curriculum Guides
Blind	Unspecified	Techniques of Daily Living: A Curriculum Guide
Deaf	Secondary	A Curriculum Guide for Atypical Deaf Adolescents
Deaf	Unspecified	Becoming a Social Being
Deaf	Unspecified	Curriculum Orientation & Mobility
Deaf	Unspecified	Orientation and Mobil. Training for Multi HandDeaf
Deaf	Unspecified	The Potomac Program
EMR	Secondary	Guide For Teachers of the EMH
EMR	Unspecified	Persisting Life Needs Approach to Curr. for EMR
EMR	Secondary	Career Development: Special Education
EMR	Primary	Daily Living and Physical Education for EMR Pu
EMR	Unspecified	EMR Behavioral Curriculum and Student Record
EMR	Secondary	EMR Curriculum Guide: Junior High
EMR	Primary	EMR Curriculum Guide: Primary
EMR	Secondary	Home and Family Living Laboratory Curriculum G
EMR	Intermediate	Life Education for Mentally Impaired Persons
EMR	Primary	Management & Maintenance in the Home: A Guid
EMR	Primary	Performance Objectives for EMH
EMR	Primary	Polk County Vocational-Occupational Curriculum
EMR	Intermediate	Skills for Independent Living
EMR	Primary	So You Didn't Get Your Way
EMR	Primary	Social Learning Curriculum
EMR	Intermediate	Social Perceptual Training Kit for Community Liv
EMR	Preschool	Teaching Educable Mentally Retarded Children
EMR	Unspecified	Title III EMR Program Development
EMR	Unspecified	Vocational Ins and Outs for Developmental Kids
Generic	Unspecified	Resource IEP Guide for Hand. Students in Nutrition
Generic	Unspecified	BCP (Behavioral Characteristics Progression) Metho
Generic	Primary	Career Education Classroom Activities
Generic	Secondary	Coordinated Career Education Curriculum Guide
Generic	Primary	Elementary Career Education Units
Generic	Secondary	Feeling Good About Yourself
Generic	Primary	Handbook of Essential Skills
Generic	Primary	Health Education for Special Children
Generic	Secondary	Implementation Center Education for Handicapped
Generic	Unspecified	Individual Educational Programming for all Teacher
Generic	Intermediate	Life Centered Career Education: A Competency Bas
Generic	Unspecified	Occupational Education for Students with Special N
Generic	Unspecified	Personal and Social Development Curriculum

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Generic	Preschool	Project Me
Generic	Secondary	Remedial Adult Education for the Physically H
Generic	Preschool	Sonoma Developmental Curriculum: Instructional
Generic	Unspecified	Special Needs Curriculum Guide
Generic	Unspecified	Steps to Independence
Generic	Secondary	Systematic Curriculum for Independent Living
Generic	Unspecified	Teaching Children Basic Skills: A Curriculum Ha
Generic	Primary	Teaching Interpersonal Social Skills. A Prototy
Generic	Primary	Teaching Interpersonal Social Skills
Generic	Secondary	The Vermont Guide for Teaching Adolescents w
LD	Unspecified	Curriculum Model for Individuals with Severe E
LD	Secondary	Social/Behavioral Program for the Adolescent
LD	Primary	Career Education for Children with Learning D
LD	Unspecified	Children with Learning Problems: A Handbook f
LD	Secondary	Community Curriculum of Operation Divert
LD	Secondary	Consequences
LD	Preschool	Developmental Program for Training of the Pre
LD	Unspecified	Teaching Skills to Children with Learning and
Multiply Handic	Unspecified	Resource File for the Severely SMH
Physically Hand	Unspecified	Marion County Association for Retarded Children
Physically Hand	Intermediate	Safety & Survival Education: Individualized Healt
Physically Hand	Unspecified	Teaching & Learning Strategies for Physically Ha
Physically Hand	Secondary	Work for Independence
SMR	Secondary	Corvallis 509J TMR Curriculum Revised Editio
SMR	Unspecified	Curriculum Design for the Severely and Profou
SMR	Secondary	Developmental Plan Handbook for Community
SMR	Unspecified	Infant and Infirm Language Stimulation Project
SMR	Secondary	Initial Communication Processes
SMR	Unspecified	Project Run: Early Education Assessment
SMR	Preschool	Social Learning Curriculum- Pre-primary
SMR	Secondary	Social Skills for Severely Retarded Adults
SMR (to MA 48)	Unspecified	Koontz Child Development Program: Training Ac
TMR	Unspecified	Guide For Teachers of the TMR
TMR	Unspecified	Adaptive Behavior Curriculum: Behavioral Presc
TMR	Unspecified	Basic Life Functions Instructional Program Mo
TMR	Primary	Basic Life Functions Instructional Program Mo
TMR	Unspecified	Career Education Rehabilitation for the MH
TMR	Secondary	Curriculum for the Intellectually Disabled TMI
TMR	Secondary	Curriclum Guide for Teachers of TMR Childre
TMR	Unspecified	I Can, Programmtic Project in Physical Educati
TMR	Unspecified	Independence Training: A Sequential Program o
TMR	Unspecified	Menomie/Stout TMR Program: A Vocational Lif
TMR	Intermediate	Management Exploration and Games for the MF
TMR	Intermediate	Performance Objectives for TMH
TMR	Unspecified	Project MORE

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TMR	Secondary	State of Ohio Curriculum Guide for Moderately M
TMR	Unspecified	Teaching the Moderately and Severely Handicappe

Table 2b

Social Skills Curricula

1

Category of Handicap	Age of Pupil	Abbreviated Title
Generic	Intermediate	Life Centered Career Education: A Competency Base
EMR	Intermediate	Life Education for Mentally Impaired Persons
EMR	Intermediate	Management Exploration and Games for the MR
TMR	Intermediate	Performance Objectives for TMH
Physicaly Hand	Intermediate	Safety & Survival Education: Individualized Health
EMR	Intermediate	Skills for Independent Living
EMR	Intermediate	Social Perceptual Training Kit for Community Livin
Behavior Disord	Intermediate	The Laundry Works or How to Clean Up Your Act
LD	Preschool	Developmental Program for Training of the Preschoo
Generic	Preschool	Project Me
SMR	Preschool	Social Learning Curriculum- Pre-primary
Generic	Preschool	Sonoma Developmental Curriculum: Instructional Pro
EMR	Preschool	Teaching Educable Mentally Retarded Children
TMR	Primary	Basic Life Functions Instructional Program Model
Generic	Primary	Career Education Classroom Activities
LD	Primary	Career Education for Children with Learning Disabi
EMR	Primary	Daily Living and Physical Education for EMR Pupils
Generic	Primary	Elementary Career Education Units
EMR	Primary	EMR Curriculum Guide: Primary
Generic	Primary	Handbook of Essential Skills
Generic	Primary	Health Education for Special Children
EMR	Primary	Management & Maintenance in the Home: A Guide
EMR	Primary	Performance Objectives for EMH
EMR	Primary	Polk County Vocational-Occupational Curriculum
EMR	Primary	So You Didn't Get Your Way
EMR	Primary	Social Learning Curriculum
Blind	Primary	Student Activity Guide: A Piagetian Perspective
Generic	Primary	Teaching Interpersonal Social Skills. A Prototype
Generic	Primary	Teaching Interpersonal Social Skills
Deaf	Secondary	A Curriculum Guide for Atypical Deaf Adolescents
EMR	Secondary	Guide For Teachers of the EMH
Blind	Secondary	Model Field Delivery System
LD	Secondary	Social/Behavioral Program for the Adolescent Stude
EMR	Secondary	Career Development: Special Education
LD	Secondary	Community Curriculum of Operation Divert
LD	Secondary	Consequences
Generic	Secondary	Coordinated Career Education Curriculum Guide
SMR	Secondary	Corvallis 509J TMR Curriculum Revised Edition
TMR	Secondary	Curriculum for the Intellectually Disabled TMR
TMR	Secondary	Curriculm Guide for Teachers of TMR Children
SMR	Secondary	Developmental Plan Handbook for Community Skills
EMR	Secondary	EMR Curriculum Guide: Junior High
Generic	Secondary	Feeling Good About Yourself
EMR	Secondary	Home and Family Living Laboratory Curriculum Guid
Generic	Secondary	Implementation Center Education for Handicapped Ch
SMR	Secondary	Initial Communication Processes
Behavior Disord	Secondary	Model Affective Resource Curriculum Project
Generic	Secondary	Remedial Adult Education for the Physically Handic

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SMR	Secondary	Social Skills for Severely Retarded Adults
TMR	Secondary	State of Ohio Curriculum Guide for Moderately
Generic	Secondary	Systematic Curriculum for Independent Living
Generic	Secondary	The Vermont Guide for Teaching Adolescents with
Physically Hand	Secondary	Work for Independence
LD	Unspecified	Curriculum Model for Individuals with Severe Beha
TMR	Unspecified	Guide For Teachers of the TMR
EMR	Unspecified	Persisting Life Needs Approach to Curr. for EMRs
Generic	Unspecified	Resource IEP Guide for Hand. Students in Nutrition
Multiply Handic	Unspecified	Resource File for the Severely SMH
TMR	Unspecified	Adaptive Behavior Curriculum: Behavioral Prescrip
TMR	Unspecified	Basic Life Functions Instructional Program Model
Generic	Unspecified	BCP (Behavioral Characteristics Progression) Metho
Deaf	Unspecified	Becoming a Social Being
TMR	Unspecified	Career Education Rehabilitation for the MH
LD	Unspecified	Children with Learning Problems: A Handbook for T
Deaf	Unspecified	Curriculum Orientation & Mobility
SMR	Unspecified	Curriculum Design for the Severely and Profoundly
Blind	Unspecified	Curriculum for Teaching the Visually Impaired
EMR	Unspecified	EMR Behavioral Curriculum and Student Record
Blind	Unspecified	Household Arts: A Curriculum Guide
TMR	Unspecified	I Can, Programmtic Project in Physical Education
TMR	Unspecified	Independence Training: A Sequential Program of I
Generic	Unspecified	Individual Educational Programming for all Teacher
SMR	Unspecified	Infant and Infirm Language Stimulation Project
SMR (to MA 48)	Unspecified	Koontz Child Development Program: Training Activi
Physically Hand	Unspecified	Marion County Association for Retarded Children
TMR	Unspecified	Menomie/Stout TMR Program: A Vocational Life F
Generic	Unspecified	Occupational Education for Students with Special N
Blind	Unspecified	Orientation and Mobility: A Curriculum Guide
Deaf	Unspecified	Orientation and Mobil. Training for Multi HandDeaf
Generic	Unspecified	Personal and Social Development Curriculum
TMR	Unspecified	Project MORE
Behavior Disord	Unspecified	Project RE-ED
SMR	Unspecified	Project Run: Early Education Assessment
Generic	Unspecified	Special Needs Curriculum Guide
Generic	Unspecified	Steps to Independence
Physically Hand	Unspecified	Teaching & Learning Strategies for Physically Hand
Generic	Unspecified	Teaching Children Basic Skills: A Curriculum Handb
LD	Unspecified	Teaching Skills to Children with Learning and Beha
TMR	Unspecified	Teaching the Moderately and Severely Handicapped
Blind	Unspecified	Techniques for Daily Living: Curriculum Guides
Blind	Unspecified	Techniques of Daily Living: A Curriculum Guide
Deaf	Unspecified	The Potomac Program
EMR	Unspecified	Title III EMR Program Development
EMR	Unspecified	Vocational Ins and Outs for Developmental Kids

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The final table of the report, Table 2, presents a selection of research on social skills. No attempt was made to highlight one form of research over another. Our studies were selected so as to indicate the diversity of research in this area. Our primary intent in this table is to illustrate the linkages (or lack of same) between curriculum and research. This may be observed in the last column of the following table. The second concern of the following literature was with the setting of the research (column 4). Attempts to teacher social skills in school invariably must concern themselves with the setting in which the child is located, be it mainstreamed classes, segregated classes, or other settings. In view of the push toward mainstreaming, the reader will note the paucity of research conducted in the context of an ongoing regular classroom setting.

Table 2

Research on Social Skills

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
Allen, Hart, Buell, Harris & Wolf, 1964 Effects of social reinforcement on isolate behavior of a nursery school child.	Normal but isolated	4.3	in school nursery	increased social interaction	yes	positive reinforcement	no
Aloia et al., 1978 Increasing initial interactions among integrated EMR students and their nonretarded peers in a game-playing situation.	EMR	not given	in school intermediate 7th and 8th grade regular class-phys. ed.	partner selection in game situation	no yes	information based on on past knowledge and present competency information	no
Altman, Hobbs, Roberts & Haavik, 1980 Control of disruptive behavior by manipulation of reinforcement density and item difficulty subsequent to errors.	MR 2 EMR 1 TMR	3-3.5 yrs.	preschool-special	disruptive behaviors following incorrect responses	yes	control of item difficulty and manipulation of reinforcement difficulty	no
Apolloni, Cook & Cook, 1977 Establishing a normal peer as a behavioral model for developmentally delay toddlers	EMR	2-3 yrs.	in school/ in class	spoon feeding cup drinking knee patting	yes	prompting, social reinforcement, modeling	no
Baer, Ascione & Castro,	MR	6-11 -	in school	disruptive class	yes	contingent positive and	no

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NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
1977 Relative efficacy of two token economy procedures for decreasing the disruptive classroom behavior of retarded children.		12-6 yrs.	special class out of classroom	behaviors 1) feet on chair; 2) answering out of turn; 3) clapping hands	no	negative reinforcement via tokens and non-contingent reward	
Ballard, et al. 1978 Improving social status of mainstreamed retarded children.	EMR	mean=10.7	in school, elementary 3rd, 4th and 5th	social status among normal peers	yes	teacher directed cooperative and construtive small group minimal academic	multimedia kits, instructional materials lesson plans used, available upon request
Bates, 1977 Community transition & behavioral approach with severely/profoundly retarded and their families	SEMR	?	home	self care skills teaching toileting maintenance dressing skills leisure time activities buttoning, buckling hand washing	no no, but some gains	parent workshop training positive reinforcement tokens, modeling	no
Behor & Stevens, 1978 Wilderness camping: An evaluation for residential treatment program for emotionally disturbed children.	EH	9-16 yrs.	out school camp	school performance, interpersonal relations household behadelinquency	yes yes yes no	1) self awareness regarding self-destructive responses 2) alternative coping strategies are presented 3) practice opportunity 4) use wilderness environ-	no

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NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
						ment to reduce stress and build survival skills 5) group problem-solving 6) modeling 7) goal setting 8) positive emphasis	
Bolstad & Johnson, 1972 Self-regulation in the modification of disruptive classroom behavior	disruptive children		In school, regular class	disruptive behavior; out of seat; talking out; hitting a peer	yes yes, but better	1) reinforcement for low rates of disruption; 2) self observation of own behavior; 3) self dispensation of reward	no
Breuning et al., 1980 Comparison of psychotropic drug, response cost and psychotropic drug plus response cost procedures for controlling institutionalized MR persons	MR	17-62 yrs	out of school subject's living unit	physical aggression property destruction yelling & screaming	no no yes	drug drug & response cost response cost	Lent, LeBlanc & Spradlin, 1970
Brown, et al. 1974 Using group contingencies with punishment and positive reinforcement to modify aggressive behaviors in a Head Start classroom	?	4 yrs.	In school preschool-headstart	aggressive classroom behavior	yes	combination of positive reinforcement and negative reinforcement based on individual and group contingencies	no
Buell, Stoddard, Harris	normal with	3 yrs.	In school-	improving skills	yes	1) social reinforcement with	no

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
& Baer, 1968 Collateral social development accompanying reinforcement of outdoor play in a playschool child.	motor & social deficits		preschool	with outdoor equipment		priming and then social reinforcement alone contingent upon appropriate use	
Bugental, Collins & Chaney, 1978 Attributional and behavioral changes.	hyperactive	elementary aged	in school-elementary	hyperactivity impulsivity	yes, short term yes, long term	social reinforcement self-control	
Burchard & Barrera, 1972 Analysis of timeout and response cost in a programmed environment.	EMR	15-19 yrs.	out school intensive training units a state institution for the mentally retarded	antisocial behavior: stealing, fighting, swearing, bullying	yes-high values	time out and response cost: high and low values	no
Burney, Russell, & Shores, 1977 Developing social responses in two profoundly retarded children.	EMR	10-11 yrs.	in school (day school for EMR) in small training room sharing	social interactive behaviors i.e. vocalization, smiling, generalized	yes partially	modeling, prompting, positive reinforcement contingent upon correct response	no
Camp, Blom, Hebert, & VanDoornick, 1977 "Think aloud": A program for developing self-control in young aggres-	aggressive	6-8 yrs.	outside classroom	aggressive behavior	yes	problem solving strategies interpersonal problem strategies	"Think Aloud" (Camp)

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
sive boys.							
Carr, et al. 1980 Escape as a factor in the aggressive behavior of 2 retarded children.	MR with autistic features	S1=14yrs. S2=9yrs.	out school small room in ward	aggressive behavior	yes yes yes no	demand/no demand preferred reinforcers contingent on correct response escape contingent upon nonaggressive response no escape permission to leave	no
Clark et al. 1973 A classroom program teaching disadvantaged youths to write biographic information.	delinquent or EMR	14-16 yrs.	in school special class-prevocational	writing biographic information	yes	token contingent on task completion and for appropriate social and academic behaviors	no
Cohen, et al. 1981 Evaluation of the relative effectiveness of methylphenidate and cognitive behavior modification in the treatment of kindergarten aged hyperactive children.	hyperactive	mean = 5.6 yrs.	in school-kindergarten regular class	hyperactivity 1) slow down 2) develop and evaluate syste-	no no no	1) cognitive behavior mod. 2) methylphenidate 3) cognitiv behavior mod. & drug	Think Aloud
Coleman, et al. 1979 Suppression of self-stimulatory behavior of profoundly retarded by across staff and sett-	EMR	17 yrs.	in school special class and in residential setting	appropriate play self stimulation elimination	yes yes but not generalized to other	praise an edible reinforcers overcorrection, fading, verbal instructions, physical guidance	no (but teachers followed methods described in treatment package

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SPECIFIC (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
ings: an assessment of situational generalization.					settings		
Colletti, Gep & Harris, 1977	autistic	10 yrs.	out school home	bead stringing	yes	sibling administered food & praise reinforcement	no
Behavior modification in the home: Siblings as behavior modifiers, parents as observers.	MI	9 yrs.	out school home	addition problems, letter writing skill	yes	positive and negative reinforcement	no
Cone, et al. 1978 Maintaining social interaction in profoundly retarded young males.	PMR	12-3 - 18-0 mean = 13-4	out school play area in children's living unit	social interaction, solitary play cooperative play, aggressive behavior, adult directed, unoc-	yes, reduced reduced reduced	physical and verbal prompts edible rewards fading from continuous reinforcer to variable ratio and single response- contingent reinforcer	no
Copeland & Weissbrod, 1980 Effects of modeling on behavior related to hyperactivity.		6-10 yrs. mean = 8.4 yrs.	out school experimental room in clinic	hyperactivity: 1) appropriateness, 2) excitement, 3) quality of involvement, 4) activity level	responded	fast model influence slow model influence	no
Cullinan, Epstein & Silver, 1977 Modification of impulsive tempo in LD pupils.	LD - impulsive	9-12 yrs.	in school out of room	reflective problem solving	no	modeling, modeling plus self-verbalization	no
Doleys, et al. 1976 Effects of social punish-	MR	8-10 yrs.	out of school experimental	non compliance	yes	1) negative reinforcement both verbal and nonverbal	no

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
ment on noncompliance: A comparison with timeout and positive practice.			setting		no no	2) manual guidance (a positive practice) 3) negative reinforcement through isolation (time out)	
Dunlap, et al. 1980 Social interaction of exceptional and other children in a mainstreamed preschool classroom.	normal and potentially special	4-6 yrs.	In school, preschool regular program to counteract disadvantaged environment	social interaction		structured schedule structud curriculum, positive reinforcement, fading, acceptance of individual differences, systematc additions of materials to classroom daily planning, implementation and evaluation of individual goals	no
Dunlap & Koegel, 1980 Motivating autistic children through stimulus variation.	autistic	5-3 and 7-3 yrs.	In school special education class in clinic room	correct, unprompted responses on tasks	no yes	1) constant task presentation with reinforcement and prompting, 2) varied task presentation with reinforcement and prompting	tasks randomly selected children clinic curricu (unidentified)
Elias, 1979 Helping emotionally disturbed children through prosocial television	emotionally and academically handicapped boys	7-13 yrs.	In school-special class	internal locus of control, social approach behavior, self concept, emotional control	no yes no yes	videotape of difficult coping situations, group discussions to develop constructive skills and strategies (verbal and visual stimuli)	Inside/Out: A guide for teachers. Bloomington, Agency for Instructional Television, 1973
Engel, Richman, & Koegel, 1981 Normal peer models and	autistic	5- 7-9 yrs.	In school special class	1) color discrimination, 2) shape discrimina-	yes	modeling with behavior reinforcement	no

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
autistic children.				tion, 3) conceptualization of preposition on vs. under, 4) appropriate yes/no responses			
Finch, Wilkenson, Nelson & Montgomery, 1973 Modification of an impulsive cognitive tempo in emotionally disturbed boys	impulsive EH	mean = 11.25	out school residential treatment center. Virginia Treatment Center	delay before responding relectivity training verbal self-instruction	yes, for delay yes	verbal self-instruction, instruction in delay to response	
Foxx, R.M., 1977 Attention training.	autistic SMR	6-8 yrs.	day care/out of class	eye contact (visual attending behavior)	no yes	1) positive reinforcement, 2) functional movement training - an adversive procedure 3) combination of both methods	no
Gamble & Strain, 1979 Effects of dependent and interdependent group contingencies on socially appropriate responses in classes for emotionally handicapped children.	EH	7-11 yrs.	in school special class in classroom	appropriate social behaviors i.e. 1) inviting person to join game or activity 2) polite behavior, 3) complimentary and admiring behavior, 4) sharing behaviors	yes yes	group dependent reinforcement group interpendent reinforcement	no

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
Gettinger & Fayne, 1982	LD	mean = 109 mos. 75-133 mos.	in school, elementary special class	inattentiveness off-task verbalization, nonacademic/nondisruptive behavior impulsive behavior, disruptive behavior, inappropriate location		sex and achievement level (average, below average)	no
Hops, et al. 1978 CLASS: A standardized in-class program for acting-out children II. Field test evaluations.	normal acting-out	?	in school in class K-2	modification of disruptive acting out behaviors	yes	token economy response cost response cost, systematic suspension contingency contracting recycling or branching, minimal parental involvement, establishment of maintenance & generalization	CLASS, Hops, Beickel & Walker Contingencies for learning academic and social skills (CLASS Consultant Manual). Eugene. University of Oregon Center at Oregon for Research in the Behavioral Education of Handicapped, 1975.
Gottlieb et al., 1978 Correlates of social status among mainstreamed mentally retarded.	EMR	8-15 yrs. mean = 10.7 yrs.	in school - 3-5th graders regular	acceptance & rejection	correlate correlate	peers' perception of cognitive ability and disruptive behavior	no
Horner, 1980. Effects of an environmental "enrichment" program on the behavior of institutionalized profoundly retarded children.	PMR	9-18.8	in school-institution dayroom	maladaptive adaptive behavior. Adaptive object directed behavior	no no yes	1) enriched environment 2) differential reinforcement manipulating antecedents and consequences 3) both treatments	no

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NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
Hughes, 1979 Behavior change in children at a therapeutic summer camp as a function of feedback and individual versus group contingencies.	predelinquent and social skills deficits	8-16 yrs.	out school camp setting (therapeutic) in cabin	appropriate social behaviors i.e. stays close to group. maintains eye contact. Does not interrupt. Answers questions. Makes suggestions.	yes no	feedback and reinforcement individual and group contingencies feedback alone	no
Iwata & Bailey, 1974 Reward vs. cost token systems: An analysis of the effects on students and teacher.	Sp. Ed. Class	mean = 10 yrs.	in school, elementary special education class	1) rule violating, 2) off task behaviors, 3) academic performance	yes yes no	instructional reward and cost token reinforcement	yes

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NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
Jakibchuk & Smeriglio, 1976 Influence of symbolic modeling in the social behavior of preschool children with low levels of social responsiveness.	normal with low social responsiveness	3-5 yrs.	In school - preschool	social interactions, positive social interactions toward peers, positive social interactions from peers	yes improved	taped modeling condition with self speech taped modeling condition with narration	no
Kazdin, 1977 Influence of behavior preceding a reinforced response on behavior change in the classroom.	EMR & TMR	8-9 yrs.	In school, elementary special class	influence of behavior preceding response attentive behavior	yes yes	praise as reinforcer token reinforcers interation of type of reinforcer with type of behavior, preceding response	no
Kelly, et al. Small group behavioral training to improve the job interview skills repertoire of mildly retarded adolescents.	EMR	14-16 yrs.	In school-residential treatment program	improving job interview skills 1) providing favorable self information. 2) asking job-related questions. 3) expressing verbal interest	yes	group modeling and verbal reinforcement rehearsal	no
Kendall, Philip & Finch, 1979 Analyses of changes in verbal behavior following a cognitive behavioral treatment for impulsivity.	impulsive EH	10-12 yrs. mean = 10.12 11.02	Inpatients at at Virginia Treatment Center for Children	impulsive behavior in spontaneous verbal behavior	yes, only for total on task verbal behavior no other successes	integration of cognitive self-instructional training and response-cost contingency for errors	no

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
Koegel & Williams, 1980 Direct versus indirect response-reinforcer relationships in teaching autistic children.	autistic	4-6 yrs.	out school experimental autism clinic	verbal imitation, physical imitation, color discrimination, shape discrimination, name discrimination	yes no	two response reinforcer techniques 1) target behavior was direct part of response chain which produced reinforcer. 2) target behavior was an indirect part of chain which produced reinforcer	"Assessing and training teachers in the generalized use of behavior modification with autistic children (JAV 10, 197-205.) Koegel, Russo & Rincover
Kopstein, 1972 Effects of accelerating and decelerating consequences on the social behaviors of trainable retarded children.	TMR	10-3 - 13-3 yrs.	in school special TMR class in classroom	anti-social aggressive pro-social conversation guiding and suggesting behaviors	no no	positive or negative social consequences aversive consequences (Observational study)	no
Ledebur, 1977 The elementary learning disability process group and the school psychologist.	LD	varying	in school LD class	self-understanding, self-acceptance, social understanding, social related-	model only	facilative environment students raise topic of discussion, topics related to goals, free discussion of topic, group interaction	program materials by Ojemann (1964), materials by Dinkmeyer and Simon, et al. (1972) encourages non dependence upon curriculum package
MacMillan & Morrison, 1980 Correlates of social status among mildly handicapped learners in self-contained special classes.	EMR	7-14 yrs.	In school, elementary special class	cognitive competence, misbehavior	highly correlated	teacher & peer ratings of academic competence and misbehavior	no

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
Mayhew, Enyart & Anderson, 1978 Social reinforcement and the naturally occurring social responses of severely and profoundly retarded adolescents.	SMR	12.3 - 20.3 yrs. mean = 14 yrs.	state institution	social responses	yes, but not generalizable	positive social reinforcement i.e. smiling, patting, tickling and verbal expression	no
McClure, et al. 1978 Enhancing social problem-solving performance in an elementary school setting.	normal		in school elementary 3rd and 4th grade	problem-solving group interaction, locus of	yes	video modeling tapes tapes plus discussion tapes plus role play	D'Zurrilla and Goldfriend (1971), Shaftel and Shaftel (1967)
Morris & Dolker, 1974 Developing cooperative play in socially withdrawn retarded children.	EMR	8-12 yrs. mean = 8.0	In school for special children special class out of room	Cooperative play	yes no yes	comparison of positive reinforcement in 3 dyad situations high-low interaction low-low interaction low s and experimenter plus shaping	no no
Neinrott, et al. 1979 Teacher-mediated treatment of social withdrawal	socially withdrawn normals		In school, elementary grades 1-3 regular class	1) social withdrawal, 2) appropriate interaction with peers, 3) volunteering and initiating to teacher, 4) self-stimulation, 5)	yes yes no	symbolic modeling adult social reinforcement forcement individual contingencies individual and group consequences demand condition - expectation of improvement	teacher mediated treatment package as part of in-service teacher training program i behavior modification

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
				looking around			
O'Connor, 1969 Modification of social withdrawal through symbolic modeling.	socially withdrawn	approximate 4 yrs.	in classroom preschool	social interaction	yes	taped modeling of successful interaction in threatening social interactions	no
Oden & Asher, 1977 Coaching children in social skills for friendship making.	normal	7-10 yrs.	in school 3rd & 4th grade	participation cooperation communicating supporting	yes no	coaching verbal instruction rehearsal via peer play review peer pairing	no
Page, et al. 1976 Teaching pedestrian skills to retarded persons: generalization from the classroom to the natural environment.	multiply handicapped	16-23 yrs. mean = 20.4 yrs.	in school special class	street crossing skills	yes	1) task analysis of behavior intersection recognition pedestrian lightskills understanding tricolor lights understanding stop signs, 2) doll modeling, 3 doll manipulation and verbalization of instructions, 4) feedback, 5) correct modeling by experimenter	no
Phillips, Phillips & Fixsen, 1971 Achievement place: modification of the behaviors of predelinquent boys within a token economy.	predelinquent	12-13 yrs.	residential center for predelinquents	appropriate social behaviors i.e. 1) promptness, 2) room cleaning, 3) savings, 4) quiz taking behaviors	yes yes yes	gain and loss tokens contingent upon appropriate or inappropriate behaviors. Purpose is to buy privileges	no
Quilitch & Risley, 1973	normal	mean=7 yrs.	out school	increasing	yes	categorizaion and presenta-	no

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
Effects of play materials on social play.	economically disadvantaged		community center	social behavior		tion of children with social toys or isolate toys	
Raber & Weisz, 1981 Teacher feedback to mentally retarded and nonretarded children.	EMR	about 6.2 yrs.	in school regular and special	helplessness	appears to be related	effects of positive and negative feedback on helplessness	no
Rapport et al. 1980 Effects of a response cost treatment tactic on hyperactive children.	hyperkinetic	7 yrs.	in school 2nd grade in classroom regular class	hyperactivity: reducing off-task, increasing academic performance	yes	response cost (losses of reward for inappropriate behavior	no
Rincover, 1978 Sensory extinction: A procedure for eliminating self-stimulatory behavior in developmentally disabled children.	severely psychotic, autistic, profoundly retarded	7-14 yrs.	experimental classroom in school special class	eliminating self stimulatory behaviors: plate spinning, finger flopping, head twirling	yes	sensory extinction: removal of sensory consequences	no
Rincover, et al. 1979 Sensory extinction and sensory reinforcement principles for programming multiple adaptive behavior change.	autistic	8-10 yrs.	in school in special room	self-stimulation extinction play	yes yes	identification and removal of positive auditory, proprioceptive or visual sensory stimuli used as reward for appropriate behavior	no
Rincover & Koegel, 1977 Classroom treatment of autistic children II. Individualized instruc-	autistic	8-13 yrs.	out school experimental classroom	individualized instruction in in academic areas. Responses	yes yes	prompt fading, chaining and programmed instructional materials	Sullivan Mathematic Series Book 4, Sullivan Arithmetic Series, Book 4

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
tion in a group.				made during instruction			
Ritter & Mack, 1980 Carryover effects of a summer therapeutic day-camp program on children's behavior.	EH	7-7 to 12-4 in school mean=10 yrs.		maintenance and generalizability of overall adjustment related to acting out or withdrawal behavior	yes	recreational and therapeutic activities in therapeutic mileu	no
				academics	no		
Robin, et al. 1976 The turtle technique. An extended case study of self-control in the classroom.	severe and moderate emotional problems		in school, elementary special class	reduction of aggressive behavior	yes	1) turtle behavior, 2) motor relaxation, 3) social and consumable reinforcement, 4) fading, 5) prompts	Turtle technique (Schnei 1974)
Roff, 1976 Peer status and the directionality of symptomatic behavior: prime social competence predictors of outcome for vulnerable children.	vulnerable	mean = 10 yrs.	regular class, 4th grade in school	aggressive behavior, socially retiring, internalized behavior	yes	peer ratings as predictors of outcome, presence of externalizing behaviors	no
Romenczyk, Diement, Goren, Trimmel & Harris, 1973 Increasing isolate and social play in severely disturbed children:	autistic NI and/or schizophrenic	3-7 yrs.		isolate play behavior	yes, but no maintenance	food and social reinforcement and passive shaping	no
				social play behavior	yes	food and social reinforcement an fading	

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Intervention and post-intervention effectiveness.							
Sherman & Anderson, 1980 Modification of attending behavior in hyperactive children.	hyperactive normals	6-8 yrs.	in school, elementary regular class-classroom	nonattending to task	yes initially maintained	feedback regarding nonattending behavior and accuracy of work	no
Shores, et al. 1976 Effects of amount and type of teacher-child interaction on child-child interaction during free-play.	EH	36-50 mos.	in school-preschool special class, language development	increase child-child interactions	no no yes	a) active teacher involvement in free play, b) no teacher involvement in free-play, c) teacher structured free-play	no
Strain, et al. 1977 Effects of peer social initiations on the behavior of withdrawn preschool children.	isolates	39-53 mos.	in school - preschool special treatment center	increasing social interaction (motor gestural and vocal verbal behaviors	yes	social approach and initiation modeling using positive social behaviors	no
Sevvers, Rusch & Hudson, 1979 Training a severely retarded young adult to ride the city bus to and from work.	SMR	20 yrs.	out of school	bus riding to and from work	yes	task analysis, positive and negative verbal reinforcement, prompting, physical guidance modeling and correcting	no
Stokes, et al. 1978 Peer facilitation of	academic and and social	5 yrs.	Preschool-special class	facilitation of generalization	yes	peer tutoring, exchanging student-teacher roles experi-	no

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generalization in a pre-school classroom.	problems		-in classroom	of information through peer tutors		mentor prompting, social and consumable reinforcers	
Strain & Wiegerink, 1975 Social play of two behaviorally disordered preschool children during four activities.	B.D.	3 yrs.	in school preschool	social play	yes	positive reinforcement using praise from teacher	no
Talkington & Altman, 1973 Effects of film-mediated aggressive and affectual models on behavior.	high and low MR	8-21 yrs.	out school-public institution	modeling behavior	yes no	aggressive modeling affectual modeling	no
Truce, et al. 1977 Teaching coin equivalence to the mentally retarded.	TMR	16-18 yrs.	out school institution - quiet room	successful number of coin combinations naming coins selecting coins depositing coins	yes	modeling, shaping, chaining and fading, feedback, social, consumable and symbolic rewards	no
Van DenPol, Iwata, Ivanoic, Page, Neef, 1981 Teaching the handicapped to eat in public places: Acquisition, generalization and maintenance of restaurant skills.	multiply handicapped, MR plus EH or NI or deaf	17-22 yrs.	in school special class and restaurant fast food	restaurant skills: 1) entering 2) waiting 3) ordering 4) paying 5) eating 6) exiting	yes	task analysis modeling social reinforcement feedback roleplaying	no

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	SUCCESS (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
Vogelsburg & Rusch, 1979 Training severely handicapped students to cross partially controlled intersection.	multiply handicapped and SMR	17-21 yrs.	out of school	street crossing skills leading to independent functioning		metacognitive strategies (instructional feedback rehearsal)	no
Warbold & Bailey, 1979 Improving the leisure-time behaviors of severely/profoundly mentally retarded children through toy play.	S/FMR	6-2 - 13-6 yrs.	In school in class state residential facility	appropriate toy play	improved	praise, modeling and encouraging physical prompt, toy changes and additions, toy reinforcers, teacher fading	no
Warren, et al. 1976 The role of offer rates in controlling sharing by young children.	EMR & N	3-5 yrs.	In school-preschool regular class	rate of offered sharing rate of acceptance and rejection of offers to share higher offers and higher acceptance	no yes	edible and social reward (contingencies upon shared offers) contingent upon 1 or 2 offers per 3 minute period	no
Wasserman & Vogrin, 1979 Long-term effects of a token economy on target and off-task behaviors.	LD and/or ED	6-2 - 12-7 yrs. mean = 10 yrs.	In school day treatment program in classroom	1) seated entire period, 2) brought school materials, 3) raised hand appropriately, 4) following directions, 5) attending, 6) finishing assignments, 7) quiet,	yes	token reinforcements exchanged for rewards for positive behavior and tokens remove for negative behaviors	no

NAME OF STUDY	TYPE OF CHILD	CHRONOLOGICAL AGE	SETTING	BEHAVIOR(S) TREATED	GENERALIZATION (YES/NO)	NATURE OF TREATMENT	WAS A CURRICULUM USED (IF SO, NAME)
				8) no hitting, 9) no teasing			
Wells, Forehand & Hickey 1977 Effects of a verbal warning and over-correction of stereotyped and appropriate behaviors.	severe RD with brain damage or SMR with autism	10 yrs.	outside of school	inappropriate mouthing behaviors appropriate behaviors with with toys	yes no	1) verbal warning used in overcorrection contingent upon target behavior, 2) verbal warning positive practice used in overcorrection	Positive Practice Procedure Doleys, Wells, Roberts and Cartelli (1976)
Wells, Forehand, Hickey & Green, 1977 Effects of a procedure derived from the overcorrection principle on manipulated and non-manipulated behaviors.	severe RD with brain damage or SMR with autism	10 yrs.	out school	inappropriate object manipulation, inappropriate body movements	yes	overcorrection using positive manual guidance and positive reinforcement	no
Whitman, Mercurio & Caponigri, 1970 Development of social responses in two severely retarded children.	SMR	6 & 10 yrs.	in school, out of class and in room special class	social responses in classroom	yes, generalized, but not maintained	food reinforcers and praise contingent upon participation in task	no
Wolraich, et al. 1978 Effects of methylphenidate alone and in combination with behavior modification procedures on the behavior and academic performance of hyperactive children.	hyperactive	6-9 yrs.	in school elementary laboratory classroom in addition to regular class	1) out of seat 2) inappropriate vocalization, 3) nonattending behaviors, 4) 4) inappropriate peer interactions, 5) fidget-	DM drug yes no yes no yes no yes no no yes	in class drug token rewards	Sullivan Program Reading w books or Distar letter recognition material for academ tasks

Conclusions and Recommendations

The literature review that we repsented indicates several major findings. first, there is no generally agreed upon consensus as to what social skills training should encompass. Obviously, there are differences in the nature of social skills that are required at different age levels, but these, too, are poorly conceptualized at this time. Traditional usage of social skills suggests that these skills are in contrast to academic skills. Nowhere in our review did we focus on academics. Yet, we must not lose sight of the fact that one of the reasons for the momentum toward social skills training, at least for elementary school children, was the desire of educators to improve these children's sociometric standing with peers. Given the consistency of positive correlations between sociometric status and academic skills, one possible way of improving sociometric status is by improving academic skills. This possibility should not be lost sight of.

A second major finding of the social skills literature is the puacity of studies conducted in the confines of a classroom lesson. Not surprisingly, the research reported was conducted by a researcher, not a teacher. However, this does not preclude the researcher from conducting his research in the classroom, and then attempting to generalize the research findings by having it replicated by the classroom teacher. Finally, the teacher must be able to conduct social skills training in the absence of an outside consultant. To do so, she will need a curriculum that is consonent with her needs and interests. Unless the teacher is taught how to deal with social skills training there is little hope that the vast numbers of children who require training in social skills will ever receive the training.

There are too few researchers interested in the social skills of handicapped children to make even a slight dent in reducing the need.

Toward this end, the major recommendation of this project is that future social skills research awards be directed toward projects that include at least three steps: (1) a research project that uses a curriculum as its basis; (2) a linkage phase where the classroom teacher works in conjunction with the researcher to improve children's social skills, and (3) a seminal stage in which the teacher implements the program without assistance. This is the only research strategy likely to result in serious changes in our nation's schools.